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[Continued on next page.]

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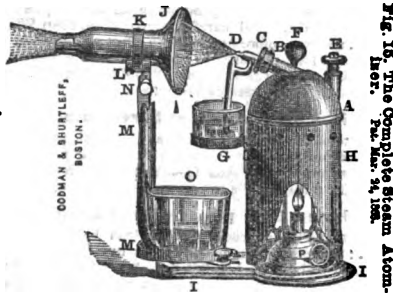


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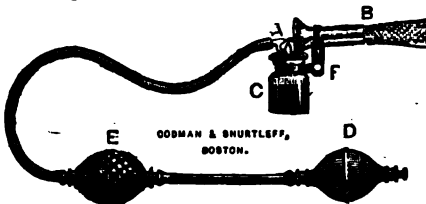
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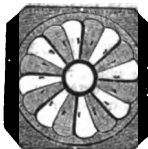
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THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

NFW SERIES.]

THURSDAY, JANUARY 5, 1871.

[VOL. VII.—No. 1.

Original Communications.

THE LAW OF MALPRACTICE.

By ALEXANDER YOUNG, of the Suffolk Bar.

PART II.—CRIMINAL MALPRACTICE.

In a previous article* we considered the liability of medical men for malpractice in civil cases. They are also liable to criminal prosecution when death results from their improper treatment. The foundation of all criminal liability rests upon malicious intent, which must be shown to establish the guilt of the accused. When positive evidence of this intent cannot be had, the deficiency is sometimes supplied by circumstances which are often more convincing than direct testimony. In fact, all evidence is more or less circumstantial, and the suggestive antecedents and inevitable sequences of wrongful acts, seemingly unimportant when considered apart, form, when welded together by the skilful advocate, a logical chain of proofs, by which men are justly held to the severest penalties of the law.

The doctrine that every rational being is presumed to intend the natural, necessary and probable consequences of his acts, is especially applicable to the case of a person who assumes an office or duty requiring the exercise of care or skill. Under such circumstances, ignorance or negligence is a wilful imposition upon those who are induced to confide in him. He is liable, therefore, to an indictment for manslaughter if death results from his malpractice. The medical man who deals with instrumentalities which, when abused, are dangerous to human life, is presumed to be aware of the nature and effects of those remedies or kinds of treatment which the experience of the profession has condemned as unsafe, and an imputation of malicious intent may fairly be drawn from his misconduct, based upon his knowledge or means of knowledge in this respect.

A distinction in regard to their criminal liability for malpractice was formerly made

against unlicensed or irregular practitioners on the authority of Lord Coke, who expressed the doctrine in his quaint way: * "If one that is of the mystery of a physician take upon him the cure of a man, and giveth him such physic as he dieth thereof, without any felonious intent, and against his will, it is no homicide. Briton saith, that if one that is not of the mystery of a physician undertakes the cure of a man, and he dieth of the potion or medicine, that is covert felony." Sir Matthew Hale, however, did not believe in this distinction. He ascribed greater antiquity to the doubt than to the doctrine, because physic and salves were in use before physicians and surgeons.† Blackstone‡ confirms Hale's opinion, and it appears from the remark of Baron Hulloek, in *Rex v. Van Butchell*,§ that there had never been any judicial decision in favor of the distinction mentioned by Coke. An approach to it was certainly made in *Rex v. Simpson*,|| in which the prisoner was an old woman who resided at Liverpool and occasionally dealt in medicine. The deceased, a sailor who had been discharged from the Liverpool Infirmary as cured after undergoing salivation, was recommended by another patient to go to her for an emetic, "to get the mercury out of his bones." She gave the sailor a dose of the solution of *corrosive sublimate*, which caused his death. The woman said she had received the mixture from a person who came from Ireland, and had gone back again. Mr. Justice Bayley thus laid down the law: "I take it to be quite clear that if a person, not of medical education, in a case where medical aid could be obtained, undertakes to administer medicine, which may have a dangerous effect, and thereby causes death, such person is guilty of manslaughter. He may have no evil intention, and may have a good one, but he has no right to hazard the consequences, in a case where medical assistance may be obtained. If he does, it is at his peril. It is immaterial

* 4 Institute, 251. + 1 Hale P. C., 429.

† Commentaries 4, 197.

‡ 7 Barnewall & Creswell, 493.

§ 4 Carrington & Payne, 398.

* See No. 23, Vol. V., June 9, 1870.

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[WHOLE No. 2240

whether the person administering the medicine prepares it himself, or gets it of another."

In the case of *Rex v. Williamson*,* which was tried before Lord Ellenborough in 1807, the prisoner, a man-midwife, 75 years of age, was indicted for the murder of Ann Delacroix. Though not a regularly educated accoucheur, he was in the habit of acting in that capacity among the lower classes. It appeared from the testimony of a female nurse that the deceased had been delivered by the prisoner of a male child on Friday, Sept. 17, and on the following Sunday prolapsus uteri was manifested. This was mistaken by the prisoner for a remaining part of the *placenta*, which had not been brought away at the time of delivery, and in attempting to bring away the *prolapsed uterus* by force, he lacerated the uterus and tore asunder the mesenteric artery, causing the death of the patient. The medical testimony showed that the prisoner must have been very deficient in anatomical knowledge, but several women who had been delivered by him bore witness to his care and attention, and, so far as they could judge, to his skill.

Lord Ellenborough instructed the jury that the charge of murder could not be sustained, and that to make the prisoner guilty of manslaughter the grossest ignorance or the most criminal inattention must be proved. There was no evidence of want of care, and the fact that he had successfully delivered many women showed that he "must have had some degree of skill. It would seem that having placed himself in a dangerous situation, he became shocked and confused. I think that he could not possibly have committed such mistake in the exercise of his unclouded faculties; and I own that it appears to me that if you find the prisoner guilty of manslaughter, it will tend to encompass a most important and anxious profession with such dangers as would deter reflecting men from entering into it." The jury acquitted the prisoner. In this case a desire to give the accused the full benefit of the leniency of the law was carried beyond proper limits. The ignorance which he manifested was certainly gross, and merited severe punishment in order to deter incompetent persons from endangering the health and lives of human beings by their reckless presumption. In this way the usefulness of the medical profession would be increased and its reputation maintained.

* 4 Carrington & Payne, 398.

In the case of *Rex v. Van Butchell*,* which was tried in 1829, it was held that if a person *bona fide* and honestly exercising his best skill to cure a patient, perform an operation which causes the patient's death, he is not guilty of manslaughter, and it makes no difference whether such a person be a regular surgeon or not, nor whether he has had a regular medical education or not. In this case the accused, though not a licensed practitioner, was said to have received a regular medical education, and there was no proof of unskilfulness against him. The indictment charged him with thrusting a round piece of ivory into and up the fundament and against the rectum of the deceased, thereby perforating and lacerating the rectum and causing his death. The instrument used was a rectum bougie.

The deceased had been troubled with a disease of the rectum, respecting which he went to Van Butchell on the 10th of May, 1829, when the surgeon passed the instrument into his body, giving him pain and obliging him to take to his bed, from which he never rose, having died on the 17th of May. Mr. Lloyd, a surgeon, testified for the prosecution that he opened the body of the deceased after death, and found a portion of the ileum adherent to the rectum, and that, on separating this adhesion, he found a small hole perforated through the rectum. Mr. Baron Hullock observed that no evidence had been given respecting the operation itself. "It might have been performed with the most proper instrument, in the most proper manner, and yet might have failed. I think, in point of law, this prosecution cannot be sustained."

In the more famous case of *St. John Long*,† who was twice indicted for causing the death of his patients, it was held that a person undertaking the cure of disease, whether he has received a medical education or not, who is guilty of gross negligence in attending his patient after he has applied a remedy, or of gross rashness in the application of it, and death ensues in consequence of either, is liable to be convicted of manslaughter. Yet the accused was acquitted in one of these cases, and escaped with a fine in the other, though meriting severe punishment in both. His career, from beginning to end, affords a melancholy illustration of human credulity, persisted in, in spite of warnings, conveyed by the public press and the spectacle of untimely deaths caused by the most flagrant

* 7 Barnewell & Creswell, 493.

† *Rex v. St. John Long*, 6 Bingham, 440, and 6 Carrington & Payne, 423.

malpractice. Nor was it in a barbarous age that the charlatan flourished, among a people destitute of culture and refinement, and without the advantages of skilful medical treatment. He found his willing victims in the British metropolis, only forty years ago, when Sir Astley Cooper was at the height of his fame and the genius and skill of Brodie were reaping their rich reward. Yet next to Sir Astley, whose professional income was enormous, St. John Long was the most largely compensated, receiving in one year £13,400 from his practice. His house in Harley St. was thronged with patients, and the number of carriages pressing to his door showed that his patrons were not confined to the poor and ignorant.

Among the eager crowd surrounding his enormous inhalers, from which flexible tubes extended outward, were representatives of the nobility and gentry, waiting their turn for a draught of the medicated vapor which was believed to have such a magic charm. Another of Long's remedies was a peculiar liniment which was said to be wonderfully effective in curing all diseases. It was his experiments with this application that brought him before the criminal bar. The victim in the first case was a Miss Cashin, a young lady of twenty-four, who had lost two members of her family by consumption, but enjoyed good health herself. It appeared that Long told a young lady that unless Miss Cashin put herself under his care she would die of consumption in two months. This remark was communicated to Mrs. Cashin, who at once placed her daughter under Long's course of treatment in order to avert this result. He caused her back to be rubbed with his lotion, which produced a very extensive inflammation. When his attention was called to this result, he examined her back and said it was in a *beautiful state*,* and that he would give one hundred guineas if he could produce a similar wound on the person of some of his patients. The wound at this time was about five or six inches square. Upon the accused being told that Miss Cashin was suffering much from sickness, he said it was a benefit; and that these symptoms, combined with the wound, proved that his system was taking due effect. Two days afterwards, when the inflamma-

tion had extended, Long was asked to do something to stop her sickness, but he said he had a remedy in his pocket, which he would not apply, as he knew that sickness had been beneficial; and on that day and also on the day preceding her death, he said she was doing uncommonly well. Mr., afterwards Sir Benjamin Brodie, testified that he saw Miss Cashin the day before she died, and that there was an inflamed place on her back as large as a plate, in the centre of which was a spot as large as the palm of his hand, black and dead, which was in a sloughing or mortified state. Though he did not think she was in any immediate danger, he said that the effect of a lotion capable of causing such appearances would be likely to damage the constitution and produce disease and danger in a person of the age and constitution of the deceased, if in perfect health; and that these appearances were quite sufficient to account for her death. Several medical men, who had examined the body of the deceased, stated that on the most careful examination they could not discover any latent disease or seeds of disease.

It appeared in evidence that the liquid which was used on Miss Cashin's back was the same used for the other patients who were treated at the same time, and thought they were benefited by it. Twenty witnesses, among whom were the Marchioness of Ormond and Mrs. Otley, testified for the defence that they had been patients of the accused, and that they were satisfied with his skill and diligence. One of the witnesses stated that he should never cease to pray for Mr. Long as long as he lived. Another, a lady, said that she could never be sufficiently thankful to him for what he had done for her family; and another, a surgeon who had lived in Jamaica for thirty-six years, expressed himself perfectly satisfied with Mr. Long's treatment and conduct.

The court, in this case, while laying down the law correctly that the grossest ignorance or the most criminal inattention must be proved to convict the prisoner of manslaughter, laid too much stress in charging the jury on the favorable testimony of patients whose recuperative powers were proof against Long's malpractice, as if the fact that some people got well in spite of bad treatment justified the indiscriminate application of a dangerous remedy, whose effects in impairing the health of a particular patient were more palpable day by day. The attention of Long was repeatedly called to the increasing sickness of Miss Cashin, caused by the terrible inflammation result-

* This remark recalls De Quincey's reference to Mr. Howship, the English surgeon, who, the opium-eater says, was "enamored of an ulcer." It appeared that Howship, in his work on Indigestion, mentioned with admiration a certain ulcer which he had seen and which he called "a beautiful ulcer."—*Miscellaneous Essays*, pp. 21-22, Boston, 1851.

ing from his treatment, and his neglect to attend to these warnings evinced the grossest ignorance or carelessness, while his assertion that he had a remedy in his pocket which would certainly cure her, showed a deception or want of knowledge equally criminal. Baron Hullock was evidently in favor of a stricter application of the rule than that given by his colleague, Mr. Justice Parke. The jury, however, returned a verdict of guilty, but its effect was impaired by the imposition of a fine of £250, instead of a sentence of imprisonment.

The result of this trial encouraged Long to pursue his evil courses, and within a year he was again indicted for causing death by the inhalation of noxious vapors, and the application of his corrosive and inflammatory liquid. In this case he had it applied to the chest of a Mrs. Lloyd, who was troubled with a slight affection of the throat—*globus hystericus*. The result of this treatment was the production of a large, sloughing ulcer, which Brodie, who was a witness for the prosecution, said he never saw produced by an ordinary medical application. He observed that he did not know of any disease which would be benefited by this kind of treatment. After stating, in answer to questions by the judge, that he had no means of knowing anything of the lady's constitution, he said: "I should believe, from evidence I have heard of the way in which the inflammation made progress, that it proceeded rather from the nature of the application than from the constitution of the party; but it may have depended on both. It is usual to try and ascertain the nature of the constitution. We cannot always do it, but in using potent remedies we use great caution. I cannot form a positive opinion whether the liniment was rashly used or not, but the impression on my mind is, that it was used without due caution, and therefore ignorantly, or rashly. I have seen many instances of an inflammation from external application, but I never saw so extensive an effect produced as in this instance."

Other surgeons, who had attended the deceased, said she was a healthy person, that there seemed to be no peculiarity of constitution which would account for the violent effects produced, and that her death was occasioned by the extent of the mortification caused by high inflammation produced by some powerful application. Mr. Campbell, the surgeon, who attended her after she left Long's care, said that, on examining her, he found a very extensive wound, covering the whole anterior part of

the chest, which, in his opinion, might be produced by any strong acid; that the skin was destroyed, and lay in folds on the chest, entirely separated; that the cellular tissue was partly destroyed, and there was a considerable discharge generally; that the wound extended from one arm-pit to the other nearly, and from the throat down to the pit of the stomach; that the skin was off both breasts, and the centre of the wound was darker, and in a higher state of inflammation than the other parts; that he and Mr. Vance applied a dressing of spermaceti ointment, with a little calamine powder, and bread-and-water poultices; at first, gave Mrs. Lloyd some saline aperient medicine, and when gangrene set in, she had bark, mineral acid, and quinine. He thought she died of the wound, and knew of no disease in which the production of such a wound would be necessary or proper. It appeared that when Long saw the extensive inflammation on Mrs. Lloyd's chest, he rubbed it with a towel, causing her so much suffering that she would not see him again. She died in a month from the time she placed herself under his care.

It also appeared, from the evidence of her mother, that previous to Mrs. Lloyd's putting herself under the care of Mr. Long, she had attended three days at the inquest held on the body of Miss Cashin. The question of negligence did not come up in this case, as the prisoner did not have an opportunity of treating Mrs. Lloyd after the first application. The same witnesses testified, and essentially the same things were proved, as in the case of Miss Cashin. Mr. Baron Bailey ruled that gross rashness in the application of a remedy, or gross negligence in the subsequent treatment of a patient, when resulting in death, would make any person so acting guilty of manslaughter. As there was no charge of negligence, the questions for the jury are, Did Mrs. Lloyd die of the wound inflicted by the prisoner? If so, then it is no answer to say that a different course of treatment by Mr. Campbell would have prevented it. The second question is, whether the application was felonious? This will depend upon whether you think it was gross and culpable rashness in the prisoner to apply a remedy which might produce such effects, in such a manner that it did actually produce them. If you think so, then he will be answerable to the full extent. The jury in this case returned a verdict of not guilty.*

* We have condensed the account of these cases from the reports. From other sources we learn that the fashionable friends of Long did all they could to prevent the

The leading American case on criminal malpractice is that of *Commonwealth v. Samuel Thompson*,* the father of the botanic system of medicine, who was indicted for the murder of Ezra Lovett. It appeared in evidence at the trial, which took place in Salem, Massachusetts, in 1809, that the prisoner came into Beverly, where the deceased then lived, announcing himself as a physician, and professed to be able to cure all fevers, whether black, gray, green, or yellow; declaring that the country was imposed upon by physicians, who were all wrong if he was right. He possessed seve-

law from taking its ordinary course after the death of Miss Cashin had excited the indignation of intelligent people throughout the country. After the coroner's jury had returned a verdict of manslaughter, attempts were made to hush up the affair, and it was a long time before the warrant was issued for the apprehension of the empiric. The court-room, at the trial, was crowded with the representatives of rank and fashion, whose sympathy with the prisoner was undisguised, and the Marchioness of Ormond, his particular friend, was accommodated with a seat on the bench by Mr. Justice Parke, and conversed in whispers with the accused during the proceedings. Among the witnesses in Long's favor was the distinguished statesman, Sir Francis Burdett. Though Long's pretensions were denounced by respectable magazines and newspaper, the result of these trials largely increased his practice. He had the effrontery to compare himself with Galileo, Harvey, Jenner, and Hunter, as exposed to persecutions by the prejudiced and ignorant. After attempting to bully the editors who satirized him, he published a volume in his defence, with testimonials from grateful patients and a laudatory letter from Dr. Ramadge, M.D. Oxon, a Fellow of the College of Physicians. This volume is one of the curiosities of quack literature. In it he accuses the most distinguished medical men of the day of gross ignorance, and charges them with having conspired together to crush him, from jealousy of his success and envy of his income; and attributes the death of Miss Cashin to the saline draught prescribed by Brodie.

The book is full of nonsense about humoral pathology, and the author maintains that his alleged victims would have lived if they had *continued* in his system. Among the testimonials which appear in the work are those of Lord Ingestre, Dr. Macartney, the Marchioness of Ormond, Lady Harriet Kavanagh, the Countess of Buckinghamshire and the Marquis of Sligo. Some of them are amusing examples of unreasoning eulogium. Among the numerous pamphlets written in defence of Long, is one by an anonymous author, who calls himself a graduate of Trinity College, Cambridge, and Member of the Middle Temple, and compares the quack with Jesus Christ. "But who can wonder," he says, "at Mr. Long's persecutions? The brightest character that ever stepped was persecuted, even unto death! His cures were all perverted, but they were not the less complete; they were miraculous, but they were not the less certain." Long is said to have retained his practice to the last, when he died of the very disease over which he professed to have complete control. Consumption carried him off at the age of 37. He was buried in the cemetery of Kensal Green, where his grateful patients erected an elegant and costly monument to his memory, with an inscription which expresses their appreciation of his worth. It compares favorably with the inscription on the flaunting sepulchre near by, of Andrew Ducrow, the circus rider, whose death, as we learn from this truthful memorial, "deprived the arts and sciences of an eminent professor and liberal patron"; and Long's monument is a far more graceful structure than that which covers the remains of Dr. Morrison, "hygeist," the famous pill-maker, who is buried in the same graveyard.—See *Jefferson's Book about Doctors*, ch. p. xxi.

* 6 Massachusetts, 131.

ral drugs, which he used as medicine, and to which he gave singular names. One he called "coffee," another, "well-my-gristle," and a third, "ram-cats." He treated the deceased for a cold, on Monday, the 2nd day of January, by first placing his feet, with his shoes off, on a stove of hot coals, and wrapping him in a thick blanket, covering his head. He then administered, in the space of half an hour, three emetics, all of which operated violently; the patient in the meantime drinking copiously of a warm decoction, called by the prisoner coffee. The deceased, after vomiting up phlegm, but no food, was ordered to a warm bed, and appeared to be comfortable, though complaining of debility; in the afternoon, he was visited by the prisoner, who administered two more of his emetic powders in succession, which vomited the deceased, who, during the operation, drank of the prisoner's coffee, and complained of much distress.

On Wednesday morning, the prisoner came, and, after causing the face and hands of the deceased to be washed in rum, ordered him to walk in the air, which he did for about fifteen minutes. In the afternoon, the prisoner gave him two more of his emetic powders, with draughts of his coffee. On Thursday, the deceased appeared to be comfortable, but complained of great debility. In the afternoon, the prisoner caused him to be again sweated, by placing him, with another patient, over an iron pan, with vinegar, covering them at the same time with blankets. On Friday and Saturday, the prisoner did not visit the deceased, who appeared to be comfortable, although complaining of increased debility.

On Sunday, the debility increasing, the prisoner was sent for, and came in the afternoon, when he administered another of the emetic powders, following it with his coffee, which vomited the deceased, causing him much distress. On Monday, he appeared comfortable, but with increasing weakness, until evening, when the prisoner visited him, and administered to him another of his emetic powders, and in about twenty minutes repeated the dose. This last dose did not operate. The prisoner then administered pearlsh, mixed with water, and afterward repeated his emetic potions. The deceased appeared to be in great distress, and said he was dying. The prisoner asked him how far the medicine had got down; the deceased, laying his hand on his breast, answered, "Here;" to which the prisoner observed, "The medicine would soon get down and *unscrew his navel*"—meaning, as

was supposed by his hearers, that it would operate as a cathartic.

Between nine and ten o'clock in the evening, the deceased lost his reason, and was seized with convulsive fits—two men being required to hold him in bed. After he was seized with convulsions, the prisoner thrust down his throat one or two doses of his emetic powder, and remarked to the father of the deceased, that his son had got the *hyps* like the devil, but that his medicines would fetch him down—meaning, as the witness understood, would compose him. The next morning, the regular physician of the town was sent for; but the patient was so completely exhausted that no relief could be given. The convulsions and the loss of reason continued, with some intervals, until Tuesday evening, when the deceased expired.

From the evidence, it appeared that the coffee administered was a decoction of marsh rosemary, mixed with the bark of bayberry-bush, which was not supposed to have injured the deceased. But the powders, which the prisoner said he principally relied upon in his practice, which formed the emetic so often administered by him to the deceased, was the pulverized plant commonly called Indian tobacco, the *lobelia inflata* of Linnaeus, of which, as a medical witness testified, four grains form a powerful puke. The testimony of the only witness for the government who had been under Thompson's care proved unexpectedly favorable to the accused. He said that he had been the prisoner's patient for an oppression in the stomach; that he took his emetic powders several times, in three or four days, and was relieved from his complaint, which had not since returned; and there was no evidence in the case that the prisoner, in the course of his very novel practice, had experienced any fatal accident among his patients. As the court were satisfied that the evidence produced on the part of the Commonwealth did not support the indictment, the prisoner was not put on his defence.

Chief Justice Parsons delivered the charge to the jury, of which we can only present a general outline. He observed that as there was no proof of malice express or implied, the charge of murder could not be sustained. "But, though innocent of the crime of murder, the prisoner, on this indictment, may be convicted of manslaughter if the evidence be sufficient; and the Solicitor-general strongly urged that the prisoner was guilty of manslaughter, because he rashly and presumptuously administered to the deceased a

deleterious medicine, which, in his hands, by reason of his gross ignorance, became a deadly poison. The prisoner's ignorance in the case is very apparent. On any other ground consistent with his innocence, it is not easy to conceive that, on the Monday evening before the death, when the second dose of his powerful emetic had failed to operate, through the extreme weakness of the deceased, he could expect a repetition of these fatal poisons would prove a cathartic, and relieve the patient; or that he could mistake convulsive fits, symptomatic of approaching death, for a hypochondriac affection. But on considering this point, the court were all of the opinion, notwithstanding this ignorance, that if the prisoner acted with an *honest intention*, and expectation of curing the deceased by this treatment, although death was the result unexpected to him, he was not guilty of manslaughter.

"If, in this case, it had appeared in evidence that the prisoner had, in administering this Indian tobacco, experienced its injurious effects, in the death or bodily hurt of his patient, and that he afterward administered it in the same form to the deceased, and he was killed by it, the court would have left it to the serious consideration of the jury, whether they would presume the prisoner administered it from an honest intention to cure, or from obstinate rashness and foolhardy presumption, although he might not have intended any bodily harm to his patient. If the jury should have been of this latter opinion, it would have been reasonable to have convicted the prisoner of manslaughter at least; for it would not have been lawful for him again to have administered the medicine, of which he had such fatal experience. It is to be exceedingly lamented that people are so easily persuaded to put confidence in these itinerant quacks, and to trust their lives to strangers without knowledge or experience. If this astonishing infatuation should continue, and men are found to yield to the impudent pretensions of ignorant empiricism, there seems to be no adequate remedy by a criminal prosecution, without the interference of the Legislature, if the quack, however weak and presumptuous, should prescribe with honest intention and expectation of relieving his patients."

With the law thus applied to the facts of the case, there was no alternative for the jury under the instructions of the court but to acquit the prisoner. The result of this trial created so much excitement among the people of Massachusetts that the Legislature passed a law making it illegal for

any person to practise medicine or surgery without being duly qualified. This statute having since been repealed, the only restraints upon the abuse of the privileges which every man possesses to exercise the healing art is to be found in the common law. It becomes, therefore, a matter of grave importance to the security of society, as well as to the honor and efficiency of the medical profession, which are endangered if human life can be jeopardized with impunity by sciolists and charlatans, to test the soundness of the doctrines laid down by the Supreme Court on the trial of Thompson by those fundamental principles of jurisprudence which can alone give enduring value to its decisions, and to ascertain whether they were so pertinently applied to the facts by the distinguished jurist who delivered the opinion of the court as to make the case as a whole in harmony with the weight of judicial authority and a controlling precedent for future adjudications.

In considering this question we shall assume as matter of law that in reference to criminal liability, regular and educated, and irregular and illiterate practitioners stand on the same footing. This rule was early applied in England, where severe penalties are imposed on the unlicensed practitioner, and that it is still in force there is evident from the remark of Chief Baron Pollock, in a recent case,* that "it is no crime to administer medicine, but it is a crime to administer it so rashly and carelessly as to produce death; and in this respect there is no difference between the most regular practitioner and the greatest quack."

This doctrine is peculiarly applicable in those States where there are no statutory restrictions on the right of any person to practise medicine. Although malicious intent is necessary to establish criminal liability, yet, as we have seen, it will often be inferred from circumstances. Thus, where a person assumes a position requiring the exercise of skill or care, his ignorance, or negligence, when resulting in the death of another, is indictable either as murder or manslaughter. This is reasonable, for no person has a right to endanger human life by undertaking a duty for which he is incompetent; and if competent, his carelessness in the performance of it is tantamount to wilful misconduct. For these reasons there is little distinction except in degree between a positive will to do wrong and an indifference whether wrong is done or not.†

It was held by very early authorities that where persons employed about such of their lawful occupations from which danger may probably arise to others, neglect the ordinary cautions it will be manslaughter at least on account of such neglect.* A familiar application of the doctrine is in cases where death results from want of due care by the driver of a cart or carriage.† Between wilful mischief and gross negligence, said Lord Chief Justice Denman, the boundary line is hard to trace; I should rather say impossible. The law runs them into each other, considering such a degree of negligence as some proof of malice.‡ And, although carelessness in the exercise of a lawful occupation does not ordinarily equal in degree the criminality arising from a violation of law, yet it has been held by very high authority that a man may, by a neglect of duty, render himself liable to be convicted of manslaughter, or even of murder.§ This doctrine was applied in the case of an engineer of a mine who deserted his post, leaving the engine in charge of a person who, as he was informed, was incompetent, whereby death ensued. In a note to Russell on Crimes,|| the editor says Lord Campbell discussed this case with him, and they fully concurred that a man might render himself equally culpable by neglect to do his duty as by a wilful act.

These principles are especially applicable to the practitioner of medicine, who, in the exercise of a lawful and honorable vocation, deals with instrumentalities which, when abused, whether through ignorance, negligence, or design, are dangerous to human life. The rights and privileges which the practice of his profession confers are accompanied by imperative and weighty obligations. Has he a right to employ the potent remedies of the *materia medica* in such a way as to destroy human life, and then shield himself with the excuse that though ignorant of the character and effect of the medicines he prescribes, and of the nature of the disease, he yet administered them with the honest intention of curing the patient? This is the doctrine laid down in Thompson's case, and in a similar case in Missouri.¶

* Foster, 262, 1 East Pleas of the Crown, c. 5, § 38, p. 262.

† Knight's case, 1 Lewin, 168; 1 East Pleas of the Crown, c. 5, § 38, p. 262. Russell on Crimes, 4th ed., vol. i. p. 867. Rex v. Timmins, 7 Carrington & Payne, 499.

‡ Lynch v. Nurdin, 1 Q. B. 81.

§ Per Lord Campbell, C. J. Regina v. Lowe, 3 Carrington & Kirwan, 123.

|| 4th ed., vol. i. p. 876, note z.

¶ Rice v. State, 8 Missouri, 561.

* Regina v. Crick, 1 Foster & Finlason, 519.

† Bishop's Criminal Law, 4th ed., vol. i. § 339.

It is admitted in both these cases that if the person assuming to be a physician have so much knowledge of the fatal tendency of the prescription that it may be reasonably presumed that he administered the medicine from an obstinate and wilful rashness, and not with an honest intention and expectation of effecting a cure, he is guilty of manslaughter at least, though he might not have intended any bodily harm to the patient. But it is difficult to see any distinction in principle between gross ignorance and such negligence as we have shown is deemed criminal. The question is not whether positive malice existed, for the driver of the cart or the engineer of the mine in the cases cited could not be charged with it. Due circumspection was required of them, and the excuse that they were ignorant that their misconduct might result at all would not have availed them, for it is a well-settled principle of law, which was enforced in these cases, that every man is presumed to intend the ordinary, natural and probable consequences of his acts.

The force of this presumption is not lessened, but increased, in the case of a medical man, because a higher degree of care and skill is required in the treatment of disease than in driving carts or attending to ordinary occupations, and the injurious consequences of ignorance or negligence are proportionately greater. All the cases agree that the regular or irregular practitioner who causes death by gross negligence is guilty of manslaughter. The doctrine laid down by Sir Matthew Hale, and followed by Blackstone in his Commentaries, that want of skill is not criminal in the physician or surgeon who honestly endeavors to effect a cure, though the patient die from the treatment, was relied upon in *Commonwealth v. Thompson**, but it lacks the force of a decision by a court, and is opposed to the weight of judicial authority. In *Rex v. Van Butchell*,† where Baron Hullock quoted Hale's view with approval, no want of skill or knowledge was shown, and the prisoner was acquitted. The remarks of the learned judge in support of the doctrine, in that case, not being necessary to its decision, are not authority.

In *Rex v. Williamson*,‡ and *Rex v. St. John Long*,§ where the court erred, not in the statement of the law, but in its application to the facts, it was held that gross ignorance from which death results is criminal. And in *Rex v. Simpson*,||

Mr. Justice Bayley laid down the rule in still stronger terms. In the later cases the principle has been steadfastly enforced and the facts have been rigidly scrutinized, so as to impress upon the jury the full responsibility of the defendant.

It will be useful to show by these cases the extent of the liability of the medical practitioner. Thus, in *Rex v. Spiller*,* the prisoner was indicted for manslaughter by causing the death of a child afflicted with scald head, by applying plasters made of corrosive and dangerous ingredients all over its head. Death resulted, in the opinion of the medical witnesses, from sloughing of the scalp, which they thought might have been produced by the plasters, the composition of which was not shown at the trial. Baron Bolland, who, with Mr. Justice Bosanquet, tried this case, ruled that "if any person, whether a regular or irregular medical man, professes to deal with the life or health of his majesty's subjects, he is bound to have competent skill to perform the task that he holds himself out to perform; and he is bound to treat his patients with care, attention and assiduity." In the *Ferguson* case,† the prisoner, who for nearly thirty years had carried on the business of an apothecary and man-midwife, with a very considerable practice, having among others attended the deceased at the birth of all her children, was tried for manslaughter for making use of a metal instrument, known as a *vectis* or *lever*, in such a way as to cause death. It was proved by the medical witnesses first, that the instrument was a dangerous one, and improper to be used at that stage; and secondly, that it must have been used in a very improper manner, and in an entirely wrong direction. Mr. Justice Coleridge told the jury that it was for them to determine whether the instrument was the cause of death, and whether it had been used by the prisoner with due and proper skill and caution, or with gross want of skill or attention. "No man," he said, "was justified in making use of an instrument in itself a dangerous one, unless he did so with a proper degree of skill and caution."

In another case,‡ where the prisoner was indicted for manslaughter in causing death by administering to a patient with the small-pox large doses of Morrison's pills, Lord Lyndhurst, C.B., after saying that there was no difference between the licensed and unlicensed practitioner in regard to criminal liability, held that, in either case, if a party,

* 6 Mass. 134.

+ 7 Birmewall & Creswell, 493.

‡ 4 Carrington & Payne, 393.

§ 6 Bingham, 440, and 6 Carrington & Payne, 423.

|| 5 Carrington & Payne, 333.

* 5 Carrington & Payne.

+ 1 Lewin, 181.

‡ *Rex v. Webb*, 1 Moody & Robinson, 495.

having a competent degree of skill or knowledge makes an accidental mistake in his treatment of a patient, through which death ensues, he is not thereby guilty of manslaughter; but if, when proper medical assistance can be had, a person totally ignorant of the science of medicine takes on himself to administer a violent and dangerous remedy to one laboring under disease, and death ensues in consequence of such act, then he is guilty of manslaughter.* These, and other cases, hereafter cited, show that ignorance is no excuse for the improper treatment of a patient by a person assuming to be a physician, and that he will be held criminally accountable for the fatal result caused thereby.

The doctrine has been extended still farther, and it has been held that where death is *accelerated* by the misconduct of the physician he is equally culpable, even though the disease would otherwise have had a fatal termination. This principle was laid down in a recent case† in which a wheelwright, who had been treated for cancer on his lip in an Infirmary where it was cut out, had another on his cheek six months afterward. He consulted the surgeons who had performed the operation, and they told him it would be dangerous to use the knife again, and that he had better not have any means attempted.

The prisoner, a blacksmith, was then brought to the deceased, and he said he could cure him. The deceased consented to place himself in the hands of the prisoner, who put some kind of oil on his face, and then applied some kind of powder, which caused the greatest agony. The man died in nine days. The prisoner was asked by the family whether what he was going to do was likely to injure the patient's health. He said it would not, and that in less than a fortnight he would be able to come and see him.

Mr. Sweeting, a surgeon, stated that he saw the deceased in July, and told him it was a cancer, which eventually must prove fatal, and that he had better not do anything to it. He was in tolerably good health. Saw him several times, and on the 19th of November; he then appeared more cheerful and better. Saw him soon after he had been under the prisoner. There was a line of demarcation around the tumor, and all the tissues were destroyed, as if some powerful caustic had been applied. The general symptoms showed poisoning by some irritant poison. Corrosive subli-

mate is sometimes applied to wounds, but not to cancer. Caustic was applied to cancers, but it was dangerous to apply it to a large surface. The quantity used should be very small. Made a *post-mortem* examination of the body. There were marks of extensive inflammation in the bowels, and numerous ulcers. They were the effects of mercury applied to the tumor. The deceased died from the effects of corrosive sublimate. Knew the case was hopeless. The deceased might have died within twelve months, but the death was accelerated. Three witnesses were called for the defence, who stated that the prisoner had cured them of cancer.

Baron Watson directed the jury to find the prisoner guilty if they considered he took upon himself the responsibility of attending to a patient suffering under cancer, when he, the prisoner, was not qualified for that purpose. If he used dangerous applications, he was bound to bring skill in their use; and he, the judge, thought that the prisoner's education and employment made the use of these highly dangerous substances almost amount to a want of skill. The jury must, however, say whether what the prisoner did, produced or accelerated the death of the deceased; or whether the prisoner, in their opinion, had acted with negligence in using his remedies. The prisoner was found guilty, and sentenced to three months imprisonment.

The doctrine that carelessness and rashness in the administration of medicine is criminal, whether the person so acting is a regular physician or a quack, was reiterated by Chief Baron Pollock, in the case of *Regina v. Crook** (1859), in which an herb-doctor, after examining a child which was brought to him for advice, gave the woman who had charge of it a bottle of infusion of lobelia inflata, and directed her to give the child two teaspoonfuls of the infusion three times a day. In this case, the jury acquitted the prisoner, it appearing that she stopped administering the remedy after having given the child some doses of the infusion for several days, as she thought it got better; though the medical witnesses were of opinion that it died of over-doses of *lobelia*, which is an acro-narcotic poison, and is occasionally used as a medicine by regular practitioners.

We may remark here that in practice there is little danger that innocent persons will be unjustly convicted if all individuals who assume to act as physicians are held responsible for the exercise of competent

* *Rex v. Webb*, 1 Moody & Robinson, 405.

† *Regina v. Crook*, 1 Foster & Finlason, 521.

† 1 Foster & Finlason, 519.

care and skill, for courts and juries are proverbially lenient in criminal cases, and are inclined to give the prisoner the benefit of every reasonable doubt. An illustration of this is seen in the case of *Regina v. Bull*,* which was tried in 1860. The prisoner, a medical man, was indicted for the manslaughter of his mother. He lived with her, and she being ill he got a drachm of prussic acid, which filled one-fourth of an ounce bottle. After she came in from a walk he gave her some of the prussic acid; she went up stairs and, while taking off her bonnet, died. The prisoner said he had given her four drops, but it appeared that the bottle had lost much more. The cork, however, was broken, and the bottle was loose in his pocket. The medical men called for the prosecution gave very obscure and confused evidence as to the relative strengths of different preparations of prussic acid, as to the mode of measuring "drops," as to the quantities contained in "drops," and as to the quantity likely to kill. But it appeared that the cork being partly in would very much affect the quantity of a drop, and that the state of a person's body might vary the effects of a few drops of the poison.

Lord Chief Justice Cockburn thus charged the jury: "The prisoner is indicted for manslaughter, on the ground of his having administered a deadly drug with culpable negligence. If a person takes upon himself to administer a dangerous medicine, it is his duty to administer it with proper care; and if he does it with negligence he is guilty of manslaughter. But do the facts here show such culpable negligence on the part of the prisoner? If, indeed, the prisoner had given the deceased all that was missed from the bottle, it would be so, for the quantity would have been so large that it must have been the grossest negligence. But the cork was found broken and half out of the bottle, so that it is impossible to say how much of the poison might not have escaped; or, again, the cork being half gone, the liquid might have dropped faster than the prisoner supposed, and if so, it would not be such culpable negligence as would make him criminally responsible. If you think there was not such negligence, acquit the prisoner." The jury returned a verdict of not guilty.

The principles which we have stated, and the authorities sustaining them, show conclusively the unsoundness of the doctrine laid down in *Commonwealth v. Thompson*, that an honest intention to cure will be a

good defence to a criminal prosecution against a person, whether a regular practitioner or not, who by gross ignorance causes the death of his patient. The law in cases of this kind does not stop to analyze and dissect with metaphysical nicety the motives of a wrong-doer. The security of human life would be imperilled if proof positive of evil intent were required to convict him. Under these circumstances malice is presumed from misconduct.

"There is a principle of universal application—which lies at the foundation of all our criminal jurisprudence," said Chief Justice Bigelow in a recent Massachusetts case,* "which is, that every person is held to contemplate and be responsible for the natural consequences of his own acts." This familiar principle fixes the criminal liability of malfasants like Samuel Thompson and St. John Long. The learned judge in the case just referred to, in delivering the opinion of the full bench, extends the doctrine so far as to hold that a person who wilfully inflicts upon another a dangerous wound with a deadly weapon, from which death ensues, is guilty of murder or manslaughter, as the evidence may prove, although through want of due care or skill, the improper treatment of the wound by surgeons may have contributed to the death. "This very neglect of the wound, or its unskilful and improper treatment," it is observed, "which were of themselves consequences of the criminal act, which might naturally follow in any case, must in law be deemed to have been among those which were in contemplation of the guilty party and for which he is to be held responsible. The rule has its foundation in a wise and sound policy. A different doctrine would tend to give immunity to crime, and take away from human life a salutary and essential safeguard. Amid the conflicting theories of medical men and the uncertainties attendant on the treatment of bodily injuries, it would be easy in many cases of homicide to raise a doubt as to the immediate cause of death, and thereby to open a wide door by which persons guilty of the highest crime might escape conviction."

In this case, the prisoner was engaged in the performance of an unlawful act. But it is settled that gross rashness or negligence in the performance of a lawful act, when producing death, is also criminal, though there may sometimes be a difference in the degree of criminality. Driving a carriage or a cart is a lawful act, and yet we have seen that carelessness in the dri-

* 2 Foston & Finlason, 201.

* *Commonwealth v. Hackett*, 2 Allen, 136.

ver, when causing death, may make him guilty of manslaughter. It is clear, therefore, that the medical man who assumes more important responsibilities, more delicate duties, requiring the exercise of special knowledge and acquirements, will incur criminal liability when fatal consequences result from his gross ignorance or carelessness. "I call it acting wickedly," said a distinguished English judge, "when a man is grossly ignorant, and yet affects to cure people, or when he is grossly inattentive to their safety."*

In *Commonwealth v. Thompson*, the prisoner was shown to have persisted in the administration of a dangerous remedy, when it was clearly evident that every fresh dose produced increased debility and distress, and weakened the vital powers to an alarming extent; and even when convulsions and loss of reason which only too clearly foreboded his victim's approaching end had set in, he forced the poisonous drug down the throat of the dying man. "There could be no reasonable doubt," said the Chief Justice, in that case, "that the deceased lost his life by the unskilful treatment of the prisoner." Yet the court instructed the jury that this gross ignorance was not criminal, and that he did not exhibit such obstinate rashness and foolhardy presumption as, if proved, would make him guilty of manslaughter, although he might not have intended any harm to his patient. In this case we hardly know which most to condemn, the unsoundness of the law, or the perversion of the facts by the court. In the case of *St. John Long*, in which the legal doctrines laid down were more conformable to well settled principles, though the malpractice was of the same gross and criminal character, the court palliated his criminality by laying stress on the fact that witnesses, who with one exception were persons unskilled in medical science, had testified that they thought the quack benefited them by the same treatment by which he killed *Miss Cashin* and *Mrs. Lloyd*. A similar view was taken in *Thompson's* case. This evidence instead of diminishing, clearly increases the guilt of the offenders. The mere fact that a person assuming to be a physician applies the same dangerous remedy to persons of different ages, sexes and habits of life, regardless of individual constitutions and idiosyncrasies, is itself a proof of his profound ignorance or reckless disregard of the first principles of medical science:

To make such testimony of any weight in favor of the prisoner it should have been shown that the treatment pursued in each case was dictated by and adapted to its individual requirements. That any patients survived the malpractice of *Thompson* and *Long* is evidence not of the skill of the quack, but of the power with which nature has endued some people of being proof against the mismanagement of medical pretenders. Every intelligent practitioner knows that genuine professional skill consists in the power of detecting the essential features of each case, and of adapting the treatment to them. His knowledge and experience are only valuable so far as they enable him to discriminate between these essential characteristics which determine the disease and the treatment, and the merely incidental accompaniments which tend to mislead the superficial observer who, in a comparison of cases, mistakes similarity for identity. Ignorance of this fundamental principle of diagnosis vitiates the reasoning of the courts in the cases of *Long* and *Thompson*.

We are aware that the rule of evidence which excludes the proof of collateral facts in order that the minds of the jury may not be diverted from the real point at issue, and that counsel may not be obliged to meet testimony which, not having had notice of its character, they would be unprepared to rebut, does not in cases of this kind allow witnesses to testify as to the prisoner's treatment in other cases, except to show the result of such treatment.* This rule, however, makes the assumption of the court in the cases of *Thompson*, and *Long*, that the cure of some patients, without knowing wherein their cases essentially resembled or differed from the one at bar, was proof that the prisoner was not so grossly negligent as to be guilty of manslaughter, wholly untenable. How could the court pronounce confidently upon this point when the materials for forming such a judgment were not either in fact or in law before them? They admitted the opinion of unprofessional persons that the prisoner had skill, but even if such opinions were competent evidence, which we doubt, the weight which could reasonably be attached to them was too small to justify the presumptions drawn by the court.

The rule respecting the admission of testimony to which we have adverted was enforced in a recent English case.† The prisoner, who had formerly been a butcher by

* Per Mr. Justice Parke in *Rex v. Folz*, 4 *Carrington & Payne*, 398.

* *Greenleaf on Evidence*, 9th ed., vol. i. p. 73.

† *Regina v. Whitehead*, 3 *Carrington & Kirwan*, 202.

trade, but had practised as a surgeon without any legal qualifications for many years, was indicted for causing the death of his patient by gross ignorance in performing an operation for disease of the bone. For the prosecution four or five medical practitioners were called who had seen the deceased after he had left the prisoner, and before his death, and each of them expressed his opinion that the treatment pursued by the prisoner exhibited the grossest and most culpable ignorance. The defendant's counsel proposed to call witnesses to prove that the prisoner had treated them for similar complaints successfully, and cited *Rex v. Williamson*. In that case Lord Ellenborough admitted evidence that the prisoner, who was indicted for the manslaughter of a woman whom he had attended as a midwife, had delivered many other women at different times with perfect success.

Mr. Justice Maule then said:—"In *Rex v. Williamson* the witnesses were asked generally their opinions *causâ scientiæ*. Neither on the one hand or the other can other cases treated by the prisoner be gone into. The attention of the jury must be confined to the present case." The learned judge, however, did not restrict the evidence to statements of the witnesses that they had been successfully treated by him, but allowed them to testify to their opinion of his skill, and the counsel for the prosecution very properly commented on the circumstance that in a matter of science and opinion no medical witness was called for the defence. While the judge in this case was right in not permitting the facts of other cases to be gone into, he erred in allowing unprofessional witnesses to express their opinions on matters of science or skill, which in such cases is exclusively the province of the medical expert, and the same objection applies to the similar latitude allowed in the *Williamson* case by Lord Ellenborough. Mr. Justice Maule, in the case above mentioned, ruled that if a medical or any other man caused the death of another *intentionally*, that would be murder; but when a person *not intending to kill*, by his gross negligence, unskillfulness and ignorance, caused the death of another, then he was guilty of culpable homicide. The prisoner in this case was found guilty and sentenced to imprisonment for twelve months.

This review of the principles and authorities shows the criminal liability which the law imposes on the person who, whether a medical man or not, causes the death of his patient by gross recklessness, ignorance

or negligence, and not only justifies the remark of an able writer on criminal law, that if Samuel Thompson had been tried in Essex, England, in place of Essex, New England, his fate might have been different,* but warrants the assertion, in view of the more rigid but equitable application of well-settled principles since his case was tried, that such misconduct as he exhibited would, if it resulted fatally now, subject an offender to severe punishment in either country.

Reports of Medical Societies.

MIDDLESEX EAST DISTRICT MEDICAL SOCIETY.

SAMUEL W. ABBOTT, M.D., SECRETARY.

THIS Society met on Wednesday evening, Dec. 7th, at the house of the President, Dr. Chapin, in Winchester. The following report was read by Dr. Winsor, of Winchester, who had been appointed, as a committee on the subject of galvanized iron pipes, at a previous meeting:

"Does galvanized iron impart any poisonous quality to water conducted through it?"

The committee appointed to investigate and report on this question submits the following statement, premising, however, that it cannot be regarded as complete:—

1st. The process of manufacturing galvanized iron consists simply in immersing iron in molten zinc, and removing it when coated with zinc to a degree found practically sufficient to protect the iron from oxidation. The iron is first freed from rust and light dirt by the action of dilute sulphuric acid, in which it lies awhile—a process technically termed "pickling." Unless iron is free from oxide it cannot be "galvanized," but when, thus prepared, it is dipped into melted zinc, that metal at once begins to deposit on its surface, just as copper deposits from its solution upon a bright knife-blade, and the chrySTALLINE action which occurs during the process of deposit is obvious upon the most careless examination of any large surface of well galvanized iron.

Appleton's Cyclopædia states that a small proportion of mercury is added to the zinc before it is melted; but that practice has been abandoned, as quite unneces-

* Bennett & Heard's Leading Criminal Cases, 2d ed., vol. i. pp. 54-58. The doctrines we have laid down are very fully supported in this volume. See also the same views set forth in Russell on Crimes, 9th London edition, vol. i. pp. 836, 880.

sary, and no metals are now employed but simple metallic iron and zinc. Some manufacturers are more scrupulous than others about the quality of the zinc used, going so far as to refine their zinc, rejecting all "battery zinc" as more liable to adulteration, and refraining from adding any lead to the residuum in the kettles, as is done by others in order that the dross may not adhere with troublesome firmness.

Nevertheless, the most conscientious manufacturer does not consider that there are two qualities of galvanized iron pipe in the market; not believing that there is any practical difference between that from his own, and that from other foundries, and continuing his scrupulousness, as he does, only for his own satisfaction.

In the melted zinc, the iron lies from about five minutes to half an hour—that length of time sometimes elapsing between the removal of the first, and that of the last piece of iron put into the bath. Those left in longest are not considered better galvanized than those first removed. All are drawn upon an inclined plane, where they lie while the liquid zinc "drains away" from them. And this is the whole process of "galvanizing" iron. Its object, as before said, is to protect iron from oxidation, by coating it with the light and far less readily oxidized metal, zinc.

2d. Completeness of protection from oxidation or corrosion.

It is found that galvanized iron articles used in building or rigging boats will outlast the boat itself, showing how well the zinc coating resists the constant action of salt air and water. Other instances will readily suggest themselves to the Society. On the other hand, very intelligent and reliable persons inform the committee that they have, within the present year, taken up, in the town of Winchester, galvanized iron pipe (which had not been in the ground more than four or five years), and found it quite choked with iron rust. It had been used to bring water from a spring, many rods distant.

The cause of this great difference is not far to seek, being simply that, in the latter case, the inside of the pipe was imperfectly coated with zinc, and consequently the iron at the unprotected points was exposed to galvanic as well as to ordinary chemical action, and yielded to the two with great rapidity. Of course this is an exceptional case, and any one can easily collect scores of cases where galvanized pipes have carried spring water for years without developing any marked oxide of iron in their interior.

The manufacturer says that such cases, though rare, cannot be guarded against, it being impossible to ascertain whether the inside of small pipes has been thoroughly cleansed by the preparatory treatment with dilute acid, and if it has not, then the galvanizing will not be thorough. With outside surfaces no such difficulty exists.

3d. We come now to the real question, in some degree prepared to decide whether fresh water led through "galvanized iron" pipes is ever so impregnated with salts of zinc as to become in any degree poisonous.

That such water often contains salts of zinc is, I believe, admitted by all candid persons who are well informed on the subject. Carbonate of zinc is often found in larger proportion than is the case with lead in waters which are admitted to be poisonous impregnated by that metal—half a grain to the gallon constituting a very dangerous lead water, while from two to six grains of carbonate of zinc to the gallon have been found by several chemists in waters drawn through pipes of galvanized iron. This is freely admitted by the manufacturer in Boston. When the proportion runs as high as five or six grains to the gallon, the water becomes turbid and slightly buff in color, a pale buff being the color of the carbonate of zinc precipitated by chemical reagents from such waters. The so-called aerated waters, i. e. those most impregnated with carbonic acid gas, act most vigorously on the zinc of "galvanized iron."

It does not appear that any chemist has found the sulphate or the chloride of zinc in analyzing the waters in question, but that in every case where zinc has been found in water from "galvanized" pipe, it has been in the form of the carbonate.

The joints of this pipe are "packed," where they are screwed together, with either red or white lead mixed with oil; so that one has a chance of drinking a little lead when first he begins to draw water through his "galvanized" pipe. But in a few days this "saturnine" adulteration must cease.

It is plain then that families whose water supply comes through galvanized iron, probably drink an appreciable amount of carbonate of zinc every day.

But it is neither plain nor at all probable, that carbonate of zinc exerts any harmful influence on the health. Your committee can find no proof that either the manufacturers, or the workers of zinc, are injured by it, or that any person has been in any way poisoned by drinking water impreg-

nated with it. Nor do we know that any practising physician has recorded an instance of any properly poisonous effect from the use of the carbonate or the oxide of zinc, whether externally or internally. One may theorize that if such salts meet with chloride of sodium in the digestive canal, there may occur a double reaction, and the poisonous chloride of zinc may be formed. But, so far as appears, this is mere theory, unsupported by a particle of proof.

There is more probability in the idea that a few persons may be affected by zinc waters, as some are by iron waters, viz.: with dull headache, and a mild form of dyspepsia; but nobody reasons from such cases, that iron is a poison, and a dangerous material from which to make water pipes.

One would much prefer a drinking water chemically pure, containing no trace of any foreign substance, be it animal, vegetable, or mineral; but such a beverage is far more difficult to obtain than is generally supposed, and we can discover no ground for raising an alarm in relation to water drawn through "galvanized iron," but must report that we know of no proof that water derives any poisonous or harmful quality from galvanized iron.

The reading of this report was followed by free discussion on the subject of water-pipes. Nearly all present had used the galvanized iron pipes in their households, and concurred in the opinions expressed in the report.

Medical and Surgical Journal.

BOSTON: THURSDAY, JANUARY 5, 1871.

THE OPENING YEAR.

THE present week we open to our readers a new volume of the JOURNAL, and, in so doing, renew to them our best wishes for their prosperity, both professionally and socially. We gladly take the opportunity which an editorial like the present offers, to thank our friends who, by kindly advice and encouragement, as well as by their contributions, have lightened our labors; in like manner we would remind scores of those who are our *readers* that they should also be *writers*, and that each one who has interesting or valuable material to communi-

cate is a delinquent, if he fail to place the same at the service of his brethren.

The position which we laid down for ourselves in our Editorials of July 7th and 14th, we believe, after six months' experience in the Editorial chair, to be strictly the correct one. We felt at that time disposed to give a meaning to every sentence we uttered, and then to live up faithfully to the principles we inculcated. With this end in view, we have striven carefully to study the professional needs, intelligently to meet the wants of our brethren, and honestly and impartially to keep the path which our conscience showed to be the right one. How well we have succeeded in upholding the character of one of the organs of the profession, others must judge.

Standing, as we do, at a period in history pregnant with great interests, national, educational and moral, as well as medical, the public demands that those who have an influence in forming public opinion should exert their power strictly in accordance with the dictates of wisdom, honesty and justice. An intelligent public is willing to be led, but the very intelligence of the community quickly challenges a misstep in its teachers and demands retraction of a false opinion.

At this standpoint we are not unmindful of the obligations required of us in opening a new volume. We shall strive to keep one single object in view during the coming year, namely, the advancement of the profession and the diffusion of useful medical intelligence, and, by such a course, we hope to merit the esteem of our patrons.

MEDICAL DARKNESS.—"I took up a paper a few weeks since, and found a physician, a graduate of a leading University, actually asking the question—Why England was the only nation that could not produce a physiologist? The fact is as incredible as it is fact. But think of the depth of darkness of learning in present medicine, when, on the very land where was discovered the physiological truths of the circulation of the blood, the process of respiration, the presence and uses of oxygen, the division of nerves into nerves of sense, common sensation, and motion, the division of roots of nerves into sensory and motory, the reflex function of

nerves, the structure of bone, the transfusion of blood, the presence of fibrine as a separate part of blood, the fact that the poison of the viper is not poisonous when swallowed, the fact that if a main artery be tied the circulation will continue by the anastomosing vessels; and, not to name a hundred more things, *the immortal discovery that narcotic gases may be inhaled to the annihilation of pain, with continuance of life*—think, I repeat, of the depth of darkness of present medical learning, when an English physician can ask why England is the only country that cannot produce a physiologist."

The above is copied from the address of Dr. Richardson, F.R.S., President of St. Andrew's Medical Graduates' Association, Fourth Anniversary, Friday, Dec. 2d, as reported in London *Medical Times and Gazette*, page 680, 2d col. Think of the depth of darkness of present medical learning when a president of a graduates' association gives sanction to such a false assumption as we have italicized. AMERICUS.

CHLOROFORM—PRO ET CON.—Under this heading, Prof. N. R. Smith, of Baltimore, expresses the opinion in the *Baltimore Medical Journal*, that while in surgical manipulations in which incisions and loss of blood are not involved, and hence no danger of pyæmia, as in the reduction of dislocations and in operations on the eye, for instance, which require the patient to be completely passive and non-resistant, and in the case of nervous and timid persons who would refuse surgical operations, but for the confidence they place in chloroform, the use of the anæsthetic is highly advantageous, he asserts confidently, as the experience of half a century, that pyæmia or ichorrhæmia and septicæmia after operations under chloroform, are more common than when it has not been employed. This he attributes both to the more frequent secondary hæmorrhage, and to the morbid influence of the anæsthetic on the functions of the nervous system, and its influence upon the constitution of the blood.—*St. Louis Med. Archives*.

LARGE DOSES OF OPIUM IN TETANUS.—In view of the increased attention which probably will be given to the use of chloral in the treatment of tetanus by reason of the encouraging results already obtained, it should not be forgotten that heroic doses of opium have also proved in many instances successful. *L'Union Médicale* gives the

experience of Dr. Chazarin, who practised for seven years in the French colony of Senegal. He mentions altogether twenty-eight cases, twenty of which, treated by various means, terminated in death. The eight others were submitted to the following treatment: First day, 15 grains of gummy extract of opium in solution; second day, 22 grains; third day, 30 grains; fourth day, 37 grains; fifth day, 45 grains; and so on, increasing the dose each day seven grains if the symptoms did not improve. When 90 grains were reached, the doses were diminished in the same ratio from day to day. Of these eight patients one only died, and this in consequence of frictions of oil of turpentine imprudently undertaken on the advice of a neighbor. These cases deserve particular attention, though they are not very uncommon, as some analogous ones were published in *L'Imparziale* of Florence, in the year 1868. Quinine was, however, in these latter instances added to the opium.—*New York Med. Journal*.

Dr. E. SOMMER, in *Zeitschrift für Rationelle Medicin*, declares that sleep is the result of a *deoxygenation* of the organism. "The blood and the tissues possess the property of storing up the oxygen inhaled, and then supplying it in proportion to the requirements of the economy. When this state of oxygen is exhausted, or even becomes too small, it no longer suffices to sustain the vital activity of the organs, the brain, nervous system, muscles, &c., and the body falls into that particular state which we call sleep. During the continuance of this deep repose, fresh quantities of oxygen are being stored up in the blood, to act as a supply to the awakened vital powers. Rest produces, though in a less degree, the same effect as sleep in reducing the expenditure of oxygen."—*National Med. Journal*.

SIMPLE METHOD OF ARRESTING OBSTINATE EPISTAXIS.—A writer in the *Gazette des Hôpitaux* states that attentive observations of the face of a patient attacked with epistaxis will detect a slight intermittent movement of the soft parts near the ala of the nose on the side where the blood is flowing; even if this pulsation be not seen, it may be felt. Pressure with the finger over this branch of the facial artery is said to arrest the hæmorrhage immediately.—*Med. Gazette*.

PROFESSOR VIRCHOW has framed a code of "Health Regulations for Armies in the Field."

Medical Miscellany.

THE CHILDREN'S HOSPITAL.—The annual meeting of the Corporation of the above named institution was held on Wednesday, at No. 21 Sears' Building, Nathaniel Thayer, Esq., occupied the Chair, and Charles H. Fiske acted as Secretary *pro tem*. An election of officers for the ensuing year took place with the following result:

President—Nathaniel Thayer.

Vice President—George T. Bigelow.

Treasurer—John G. Wetherell.

Secretary—Francis H. Brown.

Managers—Chandler Robbins, Albert Fearing, N. H. Emmons, Charles Faulkner, Robert C. Winthrop, William Ingalls, Charles H. Fiske, S. A. Green, Isaac Thacher, Russell Sturgis, Jr., Samuel Johnson, E. A. Strong.

THE Selectmen of Holyoke are beginning to realize that it is about time to do something to stamp out the smallpox. After consultation with the Secretary of the State Board of Health, they have decided to district the town and assign to each district a physician with instructions to vaccinate every person that has not been vaccinated within five years, or who has not a good scar from a former vaccination. Those who refuse to be vaccinated will be dealt with according to law. A town meeting on the smallpox question has been called for January 2.

THOSE of the French wounded before Paris who fall into Prussian hands, when handed over to the French ambulances have a paper pinned upon their breasts giving a full and complete diagnosis of the case, written in French, to save a second examination of the wounds. Everything is conducted in the most admirable manner, showing the perfect discipline which reigns in every department of the Prussian army.

BROMIDE OF LITHIUM.—In the *American Journal of the Medical Sciences* for October, Dr. S. Weir Mitchell, as the result of some recent experiments on the action of the bromides, states the following as his conclusions as regards bromide of lithium:

"That it is efficient in some cases of epilepsy where bromide of potassium has failed.

"That it is thus efficient in lesser doses than the salt just named.

"That, as an hypnotic, it is superior to the potassium salt and to the other bromides."

He cites cases that would seem to confirm these views, and leaves for future evidence to decide whether or not they are correct.—*Michigan University Med. Journal*.

EFFECT OF MEDICINES ON TEMPERATURE.—Mr. F. J. Mavor, in a note to the *Lancet*, asserts, as the result of numerous experiments, that atropine, morphine, strychnine, opium, belladonna, digitalis, chloral hydrate, nitric and muriatic acids, nitrate and carbonate of potassa, ammonia, sulphate of magnesia, iron, and aloes, all raise the temperature, both in health and disease. If so,

it would perhaps be well to overhaul our list of antiphlogistics for further experimentation.—*New York Medical Gazette*.

GASTRIC DOUCHE.—An apparatus for applying the douche to the stomach is described by Dr. Ploss, of Leipsic. It is indicated in chronic gastric catarrh, poisoning, pyloric stricture, and pyrosis. It has a double channel, but resembles the nasal douche in principle.—*Ibid*.

SCARLET FEVER, according to Dr. G. Johnson, is sometimes propagated by means of linen sent to laundresses to wash. It is, therefore, safer to wash our clothes at home. But, then, must we not get scarlatina at some period of our lives? Why not when we are young, and can be more easily spared if we die?—*Dublin Medical Press and Circular*.

TO CORRESPONDENTS.—Communications accepted:—On Retroversion of the Womb.—Notes of a Case in Private Practice.—A Case of Poisoning with Gelsemium Sempervirens.—Case of Empyema.—Sequelæ of Sunstroke.—Another Remedy for Hydrophobia.

PAMPHLETS RECEIVED.—Transactions of the American Otological Society. Third Annual Meeting, Newport, R. I., July 20, 1870. Pp. 103.—The Relations of the Medical Profession to Modern Education. By Edward S. Dunster, M.D., N. York. Pp. 25.

MARRIED.—Dec. 6, Dr. L. C. Bean, of Lebanon, N. H., to Miss Linda Tucker, of Chicago, Ill.

Deaths in sixteen Cities and Towns of Massachusetts for the week ending Dec. 31, 1870.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	103	Consumption 46
Charlestown	15	Pneumonia 20
Worcester	22	Croup and Diphtheria . . 14
Lowell	21	Scarlet fever 9
Milford	3	Typhoid fever 7
Salem	6	Whooping cough 4
Lawrence	12	
Springfield	4	
Lynn	9	
Fitchburg	3	
Taunton	0	
Newburyport	5	
Somerville	4	
Fall River	9	
Haverhill	5	
Holyoke	8	

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Holyoke reports seven deaths from smallpox in the past two weeks.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, Dec. 31st, 103. Males, 66; females, 47. Accident, 2—abscess, 1—apoplexy, 1—aneurism, 2—asthma, 1—disease of the bowels, 1—inflammation of the bowels, 1—bronchitis, 2—inflammation of the brain, 1—congestion of the brain, 1—disease of the brain, 2—burned, 1—cancer, 2—consumption, 21—convulsions, 3—croup, 4—debility, 3—dropsy, 1—dropsy of brain, 6—dysentery, 1—erysipelas, 1—scarlet fever, 6—typhoid fever, 3—gastritis, 1—disease of heart, 4—disease of the kidneys, 1—laryngitis, 1—congestion of the lungs, 2—inflammation of the lungs, 3—marasmus, 3—old age, 3—pleurisy, 1—premature birth, 3—peritonitis, 2—puerperal disease, 1—pyæmia, 1—phlebitis, 1—scalded, 1—suicide, 1—teething, 2—unknown, 7.

Under 5 years of age, 40—between 5 and 20 years, 10—between 20 and 40 years, 27—between 40 and 60 years, 17—above 60 years, 9. Born in the United States, 70—Ireland, 20—other places, 13.

*E. FOUGERA, Importing Pharmacist,
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Compound Quinine Pil, Dr. N. I. Aiken's Formula.

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Dr. S. G. Howe, Boston, Mass.
Dr. Edward Jarvis, Dorchester, Mass.
Dr. H. M. Knight, Lakeville, Conn.
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No. 9 Hamilton Place, Boston, Feb. 1, 1869 F4—11.

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Hours, 9 A.M. to 12 M
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Brunswick, Me., Nov., 1870. N24—11.

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COPARTNERSHIP NOTICE.—I have this day admitted Geo. F. H. MARKON, for seven years my head clerk, and JOSEPH T. BROWN, Jr., my son, partners in my business. I avail myself of this opportunity to tender my sincere thanks to my old friends and customers for the liberal patronage bestowed upon me for more than THIRTY YEARS, and respectfully ask a continuance of their favors in behalf of the new firm. JOSEPH T. BROWN, 292 Washington Street

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H. H. A. BEACH, M.D., ASSISTANT EDITOR.

Whole No. 2241. } THURSDAY, JANUARY 12, 1871. { New Series,
Vol. LXXXIV. } { Vol. VII.—No. 2. }

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HARVARD UNIVERSITY. Medical Department, Boston, Mass.

SUMMER SESSION....1871.

THE regular Course of Summer Instruction will begin at the Massachusetts Medical College, North Grove Street, Boston, on March 13th, and continue until the next Winter Course of Lectures on the first Wednesday in November. The Session is divided into two Terms by the summer vacation of two months. Gentlemen who finish their undergraduate course during the summer months, should join the Medical School at the beginning of the Fall Term, Sept. 11th; their requisite three years of study being thus completed in time for the special examination for medical degrees, which precedes the annual commencement at Cambridge.

Recitations are held daily by the Professors and Instructors in all the branches necessary to a medical education. Clinical instruction in Medicine and Surgery is also given daily at the Massachusetts General Hospital and the City Hospital. Other Hospitals and the various dispensaries and infirmaries in the city are likewise open to students. Lectures on special branches will be given at the College by University Lecturers, and courses on the sciences connected with Medicine, Zoology, Botany, Chemistry, and Physics, will be delivered in Cambridge by the Professors in these departments, which students may attend without extra charge.

THE CHEMICAL LABORATORY is open during the Summer, and practical instruction is given in physiological, pathological and toxicological Chemistry. A Laboratory is also opened in which students are thoroughly exercised in the management of the Microscope.

THE DISSECTING ROOM is open and abundantly supplied with ANATOMICAL SUBJECTS, during March, April and October. No charge is made for anatomical material, or for demonstration.

Fees.—The fee for instruction during the Summer Session, from March to November, is \$100; for the Winter Lectures, \$125. The fee for the entire year, for the Winter Lectures as well as the Summer Session, is \$200. The fee for Graduation is \$30. The fee for Matriculation is \$5. This is appropriated to the increase of the Library, and is to be paid to the Dean once by all who desire to become members of the College.

FACULTY OF MEDICINE.

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DAVID W. CHEEVER, M.D., Adjunct Professor of Clinical Surgery.
ROBERT T. EDEN, M.D., Assistant Professor of Materia Medica.
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HENRY W. WILLIAMS, M.D., Lecturer on Ophthalmology.
GEORGE DERRY, M.D., Lecturer on Hygiene.
HARRET DERRY, M.D., Lecturer on Ophthalmology.
ROBERT AMORY, M.D., Lecturer on Physiological Action of Drugs.
FREDERICK I. KNIGHT, M.D., Lecturer on Laryngoscopy.
CLARENCE J. BLAKE, M.D., Lecturer on Otology.
CHARLES B. PORTER, M.D., Demonstrator of Anatomy.
HENRY H. A. BEACH, M.D., Asst Demonstrator of Anatomy.

A detailed account of the Winter and Summer Sessions, as well as of the Harvard Dental School, will be forwarded (post-paid) by DAVID OLAPP & SON, 334 Washington Street, Boston. The Janitor of the College will advise students in the selection of boarding places, and will always have a list of such as are in the vicinity of the College Building, varying in their rate of charges. Students are invited, on coming to town, to call upon the Dean of the Faculty, 114 Boylston Street, to whom all letters must be addressed.

Nov. 3—Jan.

CALVIN ELLIS, M.D., Dean of the Faculty.

ELEGANT PHARMACEUTICAL PREPARATIONS,

MANUFACTURED BY
JOHN WYETH & BROTHER,
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THE attention of Physicians is solicited to our more recent Pharmaceutical Preparations. Our facilities for manufacturing enable us to offer these preparations at a less rate to Physicians and Druggists than they can be prepared for, except on a very large scale. They are made with scrupulous exactness, and are in every respect identical with what we dispense over our retail counters. They will be supplied by the leading Druggists in all our large cities, or we will send samples to Physicians, with price list free of charge.

SYRUP CHLORAL HYDRATE.

CHLORAL has been used largely in this city, with almost uniform good results, as a speedy and reliable soporific. The experiments conducted by many of our leading practitioners have established a like experience with that of the profession in Germany and France, viz., that in moderate doses it produces sleep almost instantly, without occasioning the torpor, disagreeable sensations, and other objectionable results of opium, and kindred narcotics. We feel confident CHLORAL will maintain a high rank among the reliable hypnotics.

Recent experiments have conclusively proven that the conjoint use of Nux Vomica, Ignatia Amara and consequently Strychnia, are contra-indicated, as they completely neutralize the sedative effect of Chloral. It is even claimed as an antidote for Strychnia, but we hesitate to endorse so absolute a statement.

We prepare a Syrup representing five grains of the CHLORAL HYDRATE to the fluid drachm.

It is pleasantly flavored so as to be acceptable, and is perfectly free from Chlorous Acetylene, Chloride of Carbon, and other incidental products, often found in the commercial Hydrate.

JOHN WYETH & BROTHER,
1412 Walnut St., Philadelphia.

ELIXIR BROMIDE SODIUM.

We ask the attention of Physicians and Apothecaries to the advantages claimed for BROMIDE SODIUM over the Bromides of Potassium and Ammonium.

The taste, when perfectly pure and free from Iodine, is almost identical with that of common salt, which being familiar to all and disagreeable to few, will recommend it to patients to whom the taste of the other Bromine combinations are specially unpleasant.

Having Soda as its alkaline base, it is more readily absorbed into the system—more quickly assimilated, and consequently acts more directly upon the animal economy than any Salt of Potassa can do. Physicians, who have experimented with it, claim that its continued use does not occasion the irritation of the stomach and nausea often produced by Bromide Potassium. Neither have they found the same tendency to produce redness of the skin, external irritation and eruption. This Bromide, weight for weight, contains about eleven per cent. more Bromine than the Bromide Potassium; a fact which should be borne in mind in its application.

So similar is it in taste to common salt, that it may be given in the patient's food, in flavoring soup, &c. &c., without detection.

We manufacture this Salt with special care for medicinal use, which we offer to the trade at a cost but little in excess of that charged for Bromide Potassium.

We also prepare an Elixir, which is an elegant and agreeable mode of administering it; each teaspoonful or fluid drachm of which represents five grains of the Bromide Sodium.

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Comp. Fluid Ext. Buchu and Pareira Brava.

This fluid extract is composed of equal quantities of Buchu, Pareira Brava, and *Collinsonia Canadensis*. As a tonic and diuretic it will be found of great value; exerting prompt remedial action in Calculous Affections, Chronic Inflammation, and Ulceration of the Kidneys and Bladder, Leucorrhœa, Dropsy, &c.

In Chronic Inflammation of the Bladder, for allaying irritability of that organ, and correcting the disposition to profuse mucous secretion, we specially recommend it.

Adult dose, one teaspoonful three times a day. The dose may be increased to as much as a tablespoonful in some cases. The prompt and effective action of this combination, proven in many obstinate cases, induces us to urge Physicians to give it a trial.

Wine of Pepsin.

From the Stomach of the Pig.

This is the most effective and agreeable form of administering Gastric Juice as an aid to enfeebled digestion. We add, in the preparation of our Wine of Pepsin, a small quantity of Lactic Acid, supplying the want of the necessary acid and increasing greatly the efficiency of the remedy.

Adult dose, one to two teaspoonfuls.

Elixir Phosphate Iron, Quinine and Strychnia.

There is perhaps no prescription so generally used and with such gratifying results, as the above combination. Owing to the intensely bitter taste of the solution or the syrup, patients very generally object to them, and many sensitive stomachs reject their administration. Physicians hesitate to prescribe in pill form from the want of prompt action—the frequent passing away from the system undissolved, and the occasional cumulative action of the Strychnia when the pills are long retained. This Elixir has been extensively used with very gratifying results, and does not seem open to any of the above objections. Using pure Alkaloids of Quinia and Strychnia, the excess of acid is not required, the bitter taste is not developed, and the Elixir is readily taken by children as well as adults.

Each teaspoonful contains two grains of Phosphate of Iron, one of Quinia, and one sixtieth of a grain of Strychnia.

Adult dose, 1 teaspoonf. 3 times a day.

COD-LIVER OIL

COMBINED WITH

Hypophosphites of Lime and Soda.

The theory of the advantage of the Hypophosphites is based upon the elimination of free Phosphorus into the system.

This preparation represents in a convenient form one of the most efficient and popular remedies in cases of a pulmonary character, with tendency to hemorrhage, loss of appetite, cough, and specially when attended with emaciation.

DIRECTIONS.

Before taking, shake the bottle well, so as to mingle thoroughly the Hypophosphite Salts with the Oil. Adults should take a teaspoonful three times a day, and increase to a dessert-spoonful in a week.

PREPARED BY

JOHN WYETH & BROTHER,

APOTHECARIES,

1412 Walnut Street,

PHILADELPHIA.

In addition to the above, we prepare all the other popular Pharmaceutical combinations, which we supply at reasonable prices.

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 **WEEKS & POTTER, Wholesale Agents, Washington St., Boston.**

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New Electro-Magnetic Machines and Galvanic Batteries.

The Medical Profession is solicited to examine the valuable improvements in Electrical Instruments manufactured under Dr. Damscher's Patent by the GALVANO-FARADIC MANUFACTURING CO. The recent researches of European Scientists in Therapeutical Electricity has attracted the attention of the most intelligent physicians. Few can now dispense with Electrical Machines, although formerly abandoned, owing to their inefficiency and inconvenience. These inconveniences are now obviated. Our Instruments meet all the requirements of advanced science. They are the most elegant, powerful, and cheapest ever offered. Combine simplicity, range of effects, and facility of use. Always ready; require no preliminary preparation or assistance, no skill or experience, and will remain in operation an indefinite period. They produce the *primary* and *secondary* currents—the former in unequalled force. *By a mere movement either can be obtained without changing the Electrodes.* The *Fork* is a peculiarity by which the rapidity of the shocks can be increased or diminished at pleasure—a therapeutical necessity. On examination, other important improvements will be apparent. There are four sizes of our FARADIC INSTRUMENTS: No. 1, small, for family use, \$10; No. 2, medium, for ordinary use, \$15; No. 3, large, complete, for professional purposes, \$20; No. 4, Double Cell, of great power, \$30. There are three sizes IMPROVED GALVANIC BATTERIES: Eight Cells, \$20; Sixteen Cells, \$35; Thirty-two Cells, \$60. Surgical Batteries, for *Cauterization*, of any size ordered. The *Rheodes*, or Current Guide, patented by Dr. Damscher, is an entirely new contribution to science, by which total interruption, alternate connection and interruption, or inversion of the polarity of the current, is obtained by a mere pressure of the finger. We also manufacture Carbon or Glit Steel Point Electrodes; Eye, Ear, Phrenic Nerve Electrodes; Catheters for Urethra and Uterus; Electric Scourges; Foot Plates, Tin or Carbon; Wires, with or without Trocars, for resolution of Tumors; Tongue Plates; Rubber Tubing; Battery Fluid, &c. &c.. Please call and examine, or send for Circular to

THE GALVANO-FARADIC MANUFACTURING CO.

No. 167 East 34th Street, corner 3d Avenue.

Opinion of Prof. Doreman.

College of the City of New York, corner of Lexington Avenue and 23d Street, New York, November 7, 1870.

Dr. Damscher:—DEAR SIR,—I have carefully examined your new Electro-Magnetic Machine, with its valuable and ingenious improvements. I consider the instrument the *most complete*, the most varied in its applications, and most convenient I have ever seen. Wishing you the success your long experience in Galvanism and its practical applications justly deserves, I remain,

Yours cordially,

R. OGDEN DOREMUS.

Also, references to the most eminent Physicians in city and country, who are now using our Instruments in their practice. D.23—emly.

ORIGINAL NON-HUMANIZED COWPOX AND HUMANIZED VACCINE VIRUS OF THE BEST "STOCKS."

The subscriber continues, as for the past twelve years, to devote special attention to the propagation and supply to the profession of the best possible material for vaccination.

Last spring he sent a special agent to Paris to investigate fully the whole subject of animal-vaccination as practised there; and to procure such supplies of virus, in various forms and from many different animals, as might enable him to inaugurate the method here. This agent returned two months since, and the objects sought in sending him have been fully attained. Over twenty heifers have already been successfully vaccinated, others are vaccinated every few days from the two non-humanized "stocks" mentioned below, and this "service" will be continued indefinitely if, as is not doubted, the support of the profession justifies the great and continual labor and expense.

All virus issued by me is collected by myself from vaccinations of heifers and infants, made by my own hand, and is fully warranted in every respect. In any case of failure of a first supply, a second will be sent on notification within thirty days.

TERMS.

COWPOX VIRUS, derived by transmission from heifer to heifer, from the famous case of cowpox discovered at Beaugency, in France, in 1866. Cowpox Virus from inoculation of an heifer in 1868, from an original case of horse-pox at Alfort in France, and since then from heifer to heifer. Crusts, \$5; Capillary Tubes of fluid lymph, \$3; Packages of ten ivory points, charged on both sides, \$2 each.

VACCINE VIRUS, of one perfectly healthy human remove from either of the above. VACCINE VIRUS from vaccination of healthy selected infants with the "stock" of the National Vaccine Institution of London, derived in long succession, for seventy years, from lymph collected by Jenner himself; the oldest and best long humanized virus in existence. Crusts, \$3; Tubes, \$2; Packages of points, \$1.50 each.

The Tubes and Points are recommended as the best forms of the cowpox; of the humanized "stock" all forms are equally reliable. I shall be most happy to answer all inquiries touching the subject of Vaccination, and on any week day, from 3 to 4 P.M., to receive the visits of physicians, and exhibit to them heifers in different stages of the disease; but no orders for virus will be noticed without a remittance. The original cowpox lymph will not be supplied to or through agents or dealers.

Dec 1, 1870.

Address Dr. HENRY A. MARTIN,
27 Dudley Street, Boston Highlands, Mass.

TO PHYSICIANS AND SURGEONS.



GARBATT'S ELECTRIC DISK.—For local rheumatism, weakness, pain or palsy. A new self-acting electric, that is powerful yet comfortable; and as it acts without shock, is perfectly safe in all cases. It is simply to be worn on the body or limb for the tonic effects of localised primary electricity. The most delicate can wear it with ease.

This highly electrical disk (of magnesian-silic alloy and silver) gives a gentle protracted application. It is in effect very efficacious. They are a most convenient special remedy for a lame back, shoulder, stomach or side, for a weak throat or thorax, for cold rheumatism, neuralgia, local palsy, and various nervous diseases.

Approved and recommended by

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Approved by the Gynecological Society of Boston (Winslow Lewis, M.D., Pres't, Horatio B. Storer, M.D., Sec'y), and recommended by them as a valuable aid in the treatment of many affections peculiar to females.

We have other and accumulating testimonials from professional men of the highest respectability, in various parts of the country.

For sale by Surgical Instrument Dealers and Druggists.

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APPARATUS FOR

Atomization of Liquids for Inhalation, Local Anæsthesia, &c.

By the Atomiser any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air cells, thus opening a new era in the treatment of all diseases of the Throat and Lungs.

The Complete Steam Atomiser for Inhalation, &c.

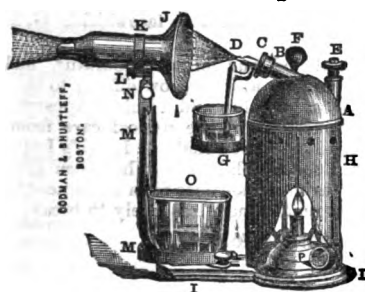


FIG. 1A. The Complete Steam Atomiser. See. Pat. No. 34,100.

The waste-cup, medicament-cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.

It cannot be injured by exhaustion of water, or any attainable pressure of steam.

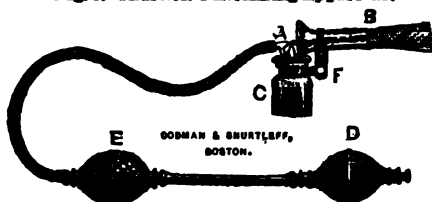
It does not throw spirits of hot water, to frighten or scald the patient.

Is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomising tubes or the water, can be unpacked and repacked without loss of time.

Will tender the best of service for many years, and is cheap in the best sense of the word.

Price, \$8. Neatly made, strong, Black Walnut Box, with convenient handle, additional \$2.50.

Fig. 5. Shurtleff's Atomizing Apparatus.



Patented March 24, 1880.

For Inhalation, and with suitable tubes, for Local Anæsthesia, and for making direct local applications of atomized liquids for a great variety of purposes. [See our Pamphlet.]

The most desirable Hand Apparatus.

Rubber warranted of very best quality. Valves of hard rubber, every one carefully fitted to its seat, and work perfectly in all positions.

The Bulbs are adapted to all the Tubes made by us for Local Anæsthesia in Surgical Operations, Teeth Extraction and for Inhalation. Price, \$4.50.

Each of the above Apparatuses is supplied with two carefully made annealed glass Atomizing Tubes, and accompanied with directions for use. Every Steam Apparatus is tested with steam, at very high pressure. Each Apparatus is carefully packed for transportation, and warranted perfect. Also,

- THE BOOSTER ATOMIZER, with two glass atomizing tubes, \$3.00
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- SINGLE PLATED TUBES, for Local Anæsthesia and for Inhalation, each 2.00
- RESOLVERS, for Local Anæsthesia, best quality, packed, 1.00
- NASAL DOUGHERS, for Treating Diseases of the Nasal Cavity, eight different varieties, each with two Nozzles, packed, \$1.20, 1.50, 1.75, 2.00, 2.50 and 3.50

N. B. To save collection expenses, funds should be sent with the order, either in form of draft, post-office order, or registered letter.

For complete illustrated price-list of Apparatus, Tubes, &c., see pamphlet.

Will be sent by mail (post-paid) on application,

A PAMPHLET

containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," with formulae of those successfully employed. Also an article by Dr. J. L. W. TRUDICUM, M.R.C.P., on "A New Mode of treating Diseases of the Nasal Cavity," with his formulae. Also an illustrated description of the best apparatus for the above purposes, and for producing LOCAL ANÆSTHESIA by Atomization with Ether, by the method of Dr. RICHARDSON, of London; or with Rhigolene, as described by Dr. HENRY J. BIGLOW, in the Boston Medical and Surgical Journal of April 19, 1866.

All our Atomizing Apparatus is made with the utmost care, with a view to its complete efficiency, convenience and durability, and every one is warranted. A Gold Medal has lately been awarded us by the Middlesex Mechanics' Association for Atomizing and Surgical Instruments, as will be seen from the following report, signed by a leading New-England Surgeon and Physician:

"1868. CODMAN & SHURTLEFF, Boston, Mass. One Case Surgical Instruments and Atomizers.

The Committee have no hesitation in awarding for this superb exhibition the highest premium.

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- Bigelow's Polypus Forceps. " "
- " Needle " "
- " Tourniquet. " "
- Beach's Needle Forceps. " "
- Warren's Uterine Diagnosticator. " "
- Simple Throat Mirrors " 1.00
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- Barnes's " set of three, with Inflator and Stopcocks " 7.00
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- Hypodermic Syringes " 2.50 to 14.00
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- Pinkham's Improved Uterine Scarificator, in case, " 8.00
- Lente's Intra-Uterine Caustic Instruments " 1.25 to 3.50
- Sponge Forceps, plain and carbolized, each " 25
- *Dr. Cutter's Retroversion and other Pessaries " 3.00
- French Rubber Urinals, with valves, male, for night or day, " 6.00
- " " " male, day only, " 2.50 to 4.00
- " " " female, " " 3.00
- Vaccine Virus, warranted, 10 quills " 1.50
- 1 Crust " 3.00
- *Vaccinators, Whittemore's Patent Automatic, for Crust or Lymph fresh from the arm—Instantaneous, certain and almost painless (post-paid) " 3.00
- Powder Syringes " 2.00
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- The same with Auto-Laryngoscopic Attachment " 5.00
- The same with ditto and three Laryngoscopic Mirrors in case " 9.00
- Dr. H. R. Storer's Combined Speculum " 6.00
- Gaird's Electro-medical Apparatus " 18.00

Send for Descriptive Circular.

Apparatus for Paracæsthesia Thoracis, approved by Dr. Bowditch and accompanied with directions kindly furnished by him.

Instruments made to order, Sharpened, Polished and Repaired.

CODMAN & SHURTLEFF,

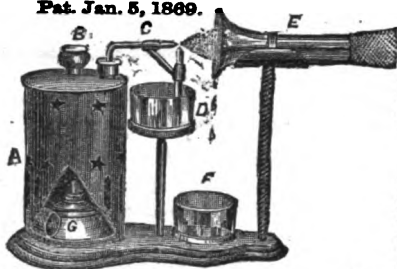
Makers and Importers of Surgical and Dental Instruments

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Jan. 21—copy.

LEACH & GREENE'S IMPROVED STEAM ATOMIZER.

Pat. Jan. 5, 1869.



A, metal case containing copper boiler and lamp G for generating steam. B, safety-valve and tube for supplying boiler with water without removing atomizing tubes. C, glass atomizing tubes with flexible metal connections, giving increased strength and allowing adjustment of the points. D, medicine cup. E, glass face shield. F, cup to catch drippings from face shield. G, lamp.

We have entirely remodelled our former apparatus, making several important improvements, and we now offer it to the profession as the cheapest, most durable and efficient apparatus in use. Every part is constructed with the utmost care from the best materials, and is tested by us personally. Leach's Improvement in Atomizing Tubes, for which a patent has been granted,

Possesses decided advantages over any in use. This improvement secures the glass tubes from movement in the flexible metal connections, which allow adjustment of the points, and render them less likely to break.

Price of Improved Steam Atomizer, complete, \$4.

The Spray Producer, or Instrument for Local Anæsthesia.

A modification of Richardson's original instrument, applicable for Freezing, with Ether or Rhigolene, or for Inhalation in diseases of the Throat or Lungs.

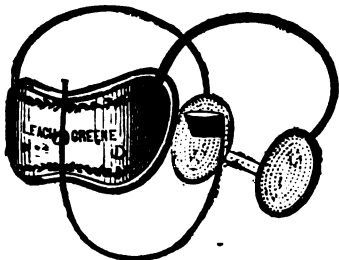
Price of Apparatus, with extra large Bergson Tube, \$5.

Dr. Clark's Atomizer, consisting of two glass Bergson tubes, with metal connections and flexible rubber bulbs, operated by the hand, neatly packed in box. Price \$3.50.

A New Apparatus for Inhaling Chloride of Ammonia in its pure or nascent state, as described in Braithwaite for January, 1868. In neat black walnut case. Price, \$5.

Thudichum's Nasal Douche, for the Treatment of Diseases of the Nasal Cavity. Packed in box, with two nozzles. \$2.

UTERINE & ABDOMINAL SUPPORTER COMBINED.



A most effectual Apparatus for the relief of

PROLAPSUS UTERI.

The cup is of Hard Rubber, supported by a flexible wire electro-plated with gold, is free from liability to corrosion, will not irritate, can be moulded to fit the form of the Pelvis.

PRICE, \$10.

 We have in store a new and carefully selected stock of

SURGICAL INSTRUMENTS,

of the best quality and finish. The latest improvements and new inventions constantly added.

Liebreich's Ophthalmoscope,	\$7 00	Hypodermic Syringes,	\$3 50 to 5 00
Stielwag's "	18 00	Fever Thermometers,	3 00
Laryngoscopes, complete,	\$14 to 16 00	Cammann's Stethoscopes, Disarticulating,	7 00
Simple Throat Mirrors,	1 00	Barnes's Dilators, each,	1 50
Endoscopes,	30 00	Lente's Intra-Uterine Caustic Instruments,	1 25 to 3 50
Burgeons' Pocket Cases,	\$10 to 36 00	French Rubber Urinals, with valves, male, for night or day,	\$6 00
Amputating "	\$20 to 32 00	The same for day only,	4 00
Compound Operating Cases,	\$45 to 200 00	The same, female, for day only,	\$3 to 4 00
Post Mortem Cases,	\$12 to 25 00	Carbolized Sponge Tents, coated with Cocoa Butter, thus preventing the disagreeable odor arising from the retention of the ordinary kind, per dozen,	3 00
Eye Cases,	\$12 to 75 00		
Bowman's Probes, per set,	8 00		
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Original Communications.

NOTES FROM AN OBSTETRICAL CASE-BOOK.

By J. G. BLAKE, M.D., Boston. Read before the Boston Society for Medical Observation, Dec. 3, 1870.

THE patient, Mrs. M., a strong, healthy woman, of Irish birth, has been delivered of four still-born children—three with forceps, and the fourth by craniotomy. Having been her medical attendant for some years, I have been with her three times at her labors—once forceps, once craniotomy, and the case of induced labor.

My first experience, from the great difficulty in effecting delivery by forceps after waiting thirty-six hours, satisfied me that it would be impossible for a child of the average size, at the full term, to pass alive. This was not on account of any special deformity of the pelvis, but from a general narrowing of the natural diameters. With the assistance of Dr. B., and after two hours' hard work, a still-born child was delivered—with long forceps.

The mother made a good recovery, and after the lapse of fifteen months, I was summoned to attend her again. On this occasion, the labor progressed slowly for a time, but after several hours it became evident that the head could not enter the brim of the pelvis without assistance. Long forceps were applied, and all the force deemed justifiable used, but without effecting the slightest progress. Finding assistance needed, I sent for the gentleman who so kindly lent his aid on a former occasion, but he was unable on account of illness to come. Dr. C. came instead, and after etherizing the patient, again applied the long forceps, but without any result.

Before resorting to craniotomy, podalic version was tried, but without enabling us to deliver the head. After pulsation in the cord ceased, nothing remained but perforation, which was done under some disadvantages. If unfortunate enough to have another case requiring craniotomy, I should hesitate about attempting to effect delivery

by podalic version after a fair trial with forceps. By it, the head becomes immovably wedged into the pelvis, while the vagina is completely filled by the child's neck. Besides this, the head must be pierced at the most difficult part—the occiput.

Our instrument bag not containing a cephalotribe, and the woman's condition not admitting of postponing delivery sufficiently long to obtain one, Dr. C. introduced Smellie's scissors, and pierced the head through the occipital bone; then separating the blades, broke up the substance of the brain. Efforts to evacuate the brain were now made, and attempts at extraction by means of the forceps and traction of the legs, but without success. The blunt hook was also repeatedly used, but every point to which it was applied yielded, and after four hours continued effort, the patient remained undelivered. She seemed sinking fast; pulse weak and fluttering, respiration slow and gasping, and with every indication of approaching dissolution.

Dr. C. and myself were by this time very much exhausted, and summoned Dr. K. to our assistance. He came, and after an hour and a half finally succeeded in delivering the child's head.

The woman made a good but slow recovery. During the after treatment, I told her that if she became again pregnant, it would be absolutely necessary—in order to save her own life and afford her a chance of having a living child—to induce labor at the seventh month. To this she agreed.

Soon after, she became pregnant again. With the hope of somewhat diminishing the size of the child, I gave her, after the third month, large doses of iodide of potassium, and continued this treatment up to the seventh. When this period was reached, premature labor was induced in the following manner:—

A sponge tent was introduced into the os, and allowed to remain all night. It was withdrawn in the morning, and the parts not being sufficiently dilated, a larger one was inserted, and allowed to remain six hours. After this was removed, the os was found fully opened. A dose of ergot was

[WHOLE No. 2241]

given, which had the effect of producing several strong pains, and the membranes having been ruptured, in a short time the head could be felt presenting at the brim.

The pains died away, and after a lapse of six hours, ergot was again given in a full dose. This was soon followed by strong uterine contractions, but without advancing the head. So long a time elapsed without making any progress, that I feared being again obliged to resort to craniotomy, but resolved first to try the forceps.

I did so. After considerable force, and assisted by the expulsive efforts of the uterus, I succeeded in extracting a living child, much to my own satisfaction and the delight of the mother.

Everything has since gone on in an entirely satisfactory manner. Milk appeared in the breasts on the fourth day, and continued to be secreted in abundance. The child, which was well formed, but small at birth, is now growing rapidly, and promises to be as strong and vigorous as if it had reached the full term.

ASTHMA BRONCHIALE. BRONCHIAL SPASM OF CHILDREN.

By Dr. L. M. POTITZER. Translated from the *Jahrbuch für Kinderheilkunde und Physische Erziehung*. Neue Folge, III. Jahrgang, 4 Heft, by C. P. PUTNAM, M.D., Boston.

DURING the last few years a disease of the respiratory organs has come several times under my observation and treatment, which, by reason of its unusual form, its peculiar nature and course, has shown itself to be so different from the diseases of childhood hitherto observed and described, that I think it worth while to make the following communication, in order to complete the observations of others:

To the appearances of the disease to be described I shall give the name of *Asthma Bronchiale*, or *Bronchial Spasm*.

Although perfectly well known as a disease of adults, yet not sufficiently well understood, it is, as far as I know, nowhere mentioned as occurring in the case of children, at least in the characteristic form in which I have met with it, or at any rate nowhere recognized as a special form of disease.

I am inclined to consider this *asthma bronchiale* as an idiopathic, essential disease of the bronchial muscles and of the nerves which regulate their contractions, although, according to the observations hitherto made, it always appears as a sequent of bronchial catarrh, as will be seen

hereafter. Whether and to what extent this opinion is justifiable, will be learned from the description of the disease in question, drawn from the observations within my reach.

I will first describe the cases, of which only the more marked and characteristic will be given in detail; others less important will be but hastily sketched.

CASE I.—Peter G., 16 months old, fed from the breast of a nurse, suffering from chronic eczema of head and face, anæmic, rachitic, frail, of very strong but obese parents, had had up to this time no acute disease. This sickness made its appearance in mid-summer, in a healthy mountain region, free from dust, in the neighborhood of Vienna. In the beginning there were to be found only symptoms of ordinary bronchitis of the greater and smaller tubes—fever, high temperature, accelerated pulse, hurried respiration—on auscultation coarse and fine vesicular râles, percussion normal, movement of the diaphragm indicating nothing unusual, but such as is found in every dyspnoea caused by bronchitis. The respiration continued in the same state for some days, but gradually returned to its normal condition, for, as the fever diminished under quinine, the bronchitis and the symptoms belonging to it disappeared also.

After some days of undisturbed convalescence, I was called in urgent haste and found the child again attacked with excessive dyspnoea, so that, at the first moment, I thought there was a return of the bronchitis. On more careful examination, however, I was struck with the contradiction between the severe dyspnoea, and a normal temperature. Percussion was as before normal, but auscultation showed complete absence of all râles except a high fine whistling, heard during the whole respiratory act. Beside this was a marked state of sopor, also difficult to reconcile with the absence of fever. The peculiarity of the dyspnoea consisted in the fact that with respiration of 50 or more there was a prolonged, whooping, whistling inspiration and expiration audible at a distance, and excessive drawing-in of the epigastrium during inspiration, also expression of great distress in moments of consciousness, with lividity and coolness of face. What was also striking was the very infrequent cough, which had a dry, whistling sound, much resembling laryngeal cough. I confess that in the beginning I was not able to reconcile these contradictions, as I could not place this, to me, unknown disease, in any recognized class. But when I returned in

the evening and found the child free from dyspnoea, in good spirits, and also, just as during the attack, free from all fever, while on auscultation no whistling and only rough respiration with insignificant râles were to be heard in the lungs, I was forced to consider as plausible, the idea of a spasmodic form of dyspnoea.

The surprises and problems offered by the case were not yet exhausted, for, on visiting the child on the afternoon of the next day, I found him, after a night of quiet sleep and a forenoon free from dyspnoea, in a state almost exactly like that of the preceding day—the same prolonged, whistling, whooping and quickened respiration, audible at a distance—the same whistling and hissing râles on auscultation—the diaphragm acting with excessive drawing-in of the epigastrium and false ribs—again the livid, cool face, continual state of sopor without elevation of temperature, but, as I had already noticed in the first attack, a very small quick pulse of 168; finally, almost an absence of cough. Since, in spite of its resemblance to this case, croup was of necessity excluded as well as pneumonia, bronchitis and œdema of lungs, I could not but refer the dyspnoea to a spasmodic contraction of the bronchi, and make as the diagnosis—asthma bronchiale.

The resemblance to, nay the identity with asthma bronchiale as it occurs frequently in cases of emphysema was not to be questioned; and now for the first time I remembered that I had seen such a case but once, and that 3 years before, in a girl 4 years old, when, having been sent for in the night, I found the same severe dyspnoea, but also, in addition to the universal whistling, a fine râle, so that from the sudden appearance of the symptoms, there was forced upon my mind, beside the idea of capillary bronchitis, also that of acute œdema of the lungs; but to my great surprise I found the child entirely well the next morning. The recollection of this case (to which I shall return hereafter), confirmed me in the above diagnosis, viz.: Asthma bronchiale, and the further course of the disease not only proved the correctness of my diagnosis, but convinced me of the propriety of placing it in the nosology of children's diseases.

I now turn to the description of its further progress, which, although interesting in its details, can only be presented with its most prominent features. For fully four weeks the child suffered from attacks like the above, with varied duration and longer and shorter intervals of freedom. In the beginning it was not typical, but returned at in-

tervals of from one to three days, lasting six, eight, or twelve hours, often occurring in the night, and always following perfectly free intervals of one, two, or three days; but finally, in the last ten days, a strictly typical character developed itself, and the attacks of asthma came on with perfect regularity at about 10 A.M.—in the last few days, just before improvement began, at 1 P.M. The duration of the attacks, too, was strictly typical, as they ceased at 9 or 10 P.M., and the child passed the night quietly. During these four weeks the bronchial catarrh never completely disappeared. There was some dry cough, even when there was no asthma, and auscultation always showed quiet respiration, sometimes insignificant whistling, and few or no râles. On the whole, the catarrh was so slight that it was impossible to think of a relation of cause and effect between the two diseases. As a final characteristic another important symptom should be mentioned, viz.: after about three or four attacks the distention of the lung went far beyond its normal limits during the spasm; in other words, the heaping up of air in the pulmonary vesicles from the contraction of the bronchi resulted in vesicular emphysema, which, however, disappeared 24 hours afterwards, and only later became persistent after repeated spasms, with ever increasing severity, and lasted two months after the asthma had entirely ceased, especially at the lower posterior part of the left lung. It, however, gradually disappeared. Thus we see that the emphysema, which appeared secondarily, lasted some months after the asthma had disappeared. It should also be remarked that during the five weeks of the child's sickness, and synchronously with the increase of frequency and intensity of the attacks, especially in the last fourteen days, when each one came on with excessive asphyxia, the child lost much flesh, but afterwards gradually regained it. During the two years in which I had opportunity to observe him, he remained entirely free from asthma, though now and then suffering from catarrh.

The treatment was, in the beginning, regulated with reference to the bronchitis. Later, as the character of the asthma pronounced itself more and more clearly, I turned to those remedies which experience has shown to be more or less useful in bronchial spasm of adults and laryngeal spasm of children—val. of zinc, cannabis indica, belladonna, ipecac., but especially musk and quinine. Of these, the last two appeared to be the only ones which had any

effect in this case. Emetics were of no use. When the attacks had acquired a typical character, I often succeeded in delaying or entirely arresting them by means of quinine given just before the attack was expected to begin. Musk, given during the spasms, seemed to mitigate their severity. In severe attacks, accompanied by sopor or asphyxia amounting to suffocation, ammonia in the form of liquor ammoniæ anisatus appeared to be useful in bringing about more forcible respiratory movements through irritation of the medulla oblongata. All these remedies may have had the effect of mitigating or shortening, or, like quinine, of delaying the spasms, but they were not sufficient to arrest them altogether. This was effected only when I applied a remedy which has often shown itself to be useful in laryngeal spasm, and which I have also used with success in other affections of the nerves, motor and sensitive, viz., chloride of bromium. In one of the next numbers of this Year-book, I shall publish a communication on this remedy, which I have used for eighteen years in manifold nervous diseases. Here I will only say that in this case I used the drug in the following formula, in which children generally take it willingly, and in which it is least likely to be decomposed:—

R. Aquæ fœniculi,
Syrupi capillorum*, aa ʒi.;
Brom. chlorid., gtt. iij.

S. One teaspoonful every two hours. A colored, glass-stoppered vial should be used.

After four days' administration of the above, the attacks ceased. It was given two days longer, since which time there had been no return, and, as I have stated above, the child remained entirely free from asthma during the two years that I was able to observe him.

CASE II.—Oscar W., 15 months old, though of pretty good size for his age, exhibited a less favorable development of fat and muscle. He had been subject to bronchial catarrh from his birth, and also suffered from coryza chronica (may well add, catarrhalis). The latter was commonly accompanied with profuse secretion of mucus, which interfered with the permeability of the nose and forced the child to breathe through the open mouth, with a snoring respiration, but without dyspnoea, and finally led by its long duration to an arrest in the development of the thorax. The child suffered also, as in Case I., from chronic, general, but not very severe eczema. He

had shown no symptoms of dyspnoea which would have reminded one of asthma, even when he had had an acute catarrh in addition to the chronic one. In December, 1869, when the child was 15 months old, the asthma came on in full force, a few hours after an attack of catarrh and moderate fever. The asthma differed, however, from that in the former case, in that, together with a well-marked laryngeal cough, such as occurs in cases of severe laryngeal catarrh, and laryngeal croup, there was also that characteristic jerking inspiration, in consequence of the violent action of the diaphragm, and following, without any interval, the prolonged whistling expiration, and this became as prominent in the first few hours of the attack as it is in croup of the severest type. Another symptom developed itself that is met with in croup, viz.: coma, but, contrary to what happens in croup, it occurred a few hours after the access of the disease. It was an evidence of poisoning by carbonic acid and its effect on the medulla oblongata. I confess that, at the first glance, I took its symptoms as a whole, to mean croup. But I was obliged after a time to give up this idea, for not only was there no hoarseness, but, as is worthy of notice, the dyspnoea, which came on in the very beginning of the disease, continued uniform throughout (i. e., not aggravated at intervals to suffocation, as in laryngeal croup, by intermittent spasmodic contraction of the larynx). In addition to this, the carbonic acid poisoning came on too early for croup, and finally the fine whistling, heard on auscultation, all over the thorax, the absence of fever, &c., taken in connection with the above symptoms, justified me, as I think, in excluding croup, and adopting bronchial spasm as the cause of the dyspnoea.

With the diagnosis asthma, I gave a very favorable prognosis to the anxious parents, who, to my surprise, told me that asthma was hereditary in their family. The other symptoms were like those of the asthma in Case I., i. e., on auscultation the fine whistling sound, heard uniformly over the whole chest—the whistling respiration audible at some distance to the unassisted ear—the pale, cool face, the excessive straining of the diaphragm and other muscles of respiration.

Twenty hours afterwards, every trace of the asthma had disappeared. The child was perfectly cheerful, respiration quiet, with normal pauses, and now the cough became more severe, though during the asthma it had been hardly noticeable.

* The syrup of orange flower is often substituted for the "syrup capillorum."

After ten weeks of perfect health, the child had a second, and, two months later, a third attack, which, like the first, followed twenty-four hours after an acute nasal and moderate bronchial catarrh. These attacks had exactly the same distinguishing marks as the first, and disappeared as that did in twenty or twenty-four hours.

With regard to treatment, I will say that, profiting from my experience in Case I., I resorted immediately to chloride of bromium, but on account of the urgency of the dyspnoea, used musk in addition, and therefore must still leave it a doubtful matter, which of the two, or, to be strictly critical, whether either of the two had any effect, or whether the attack came to its natural end after twenty hours duration. I must also not fail to mention that the child vomited violently in the first and most severe attack, and also in the second, after it had already lasted an hour, and thereby threw off a large quantity of mucus, but without mitigating the bronchial spasm. This is a proof not only of the uselessness of emetics in spasm of the bronchi, but also of the nervous spasmodic nature of the asthma in question, for the dyspnoea would of necessity have been diminished, at least temporarily, by an abundant vomiting of mucus, if it had been caused, as in capillary bronchitis, by swelling of the bronchi and obstruction by the secretion.

I will state briefly three other cases of bronchial spasm, which I observed, from which some new characteristics will be learned for completing the picture of the disease.

The first, which I mentioned cursorily in Case I., is that of a delicate anæmic girl, four years old, who had passed a greater part of the year at a distance from Vienna. I was repeatedly assured that she had had in the last two years, during the summer and fall months, sudden attacks of dyspnoea without fever, which generally came on at night, and disappeared entirely before morning.

At length the child had such an attack while in Vienna, in the night, and I found her in a state of asthma, though at that time, as this was the first case which I had seen, I did not make this diagnosis, especially because fine râles in certain parts of the lungs and fever were found together with severe dyspnoea, and I supposed it to be an alarming case of capillary bronchitis.

A two-fold surprise awaited me the next morning, when I found the child entirely free from dyspnoea, very cheerful, and with-

out fever, and the day after, she was running about without restraint.

I had to confess to myself that my diagnosis, capillary bronchitis, had not been correct, and had to credit the assurances, spoken of above, with regard to other attacks.

A fourth case occurred in the practice of a learned colleague, which I saw only hastily. It was a child ten months old, which was attacked with such violence that the physician believed it had a very intense capillary bronchitis, and must die in the course of the night, but having been called in consultation I was able, from my experience in the above cases, to give the diagnosis asthma, and a more favorable prognosis. To his great surprise, the physician found the child next day almost perfectly well.

The fifth and last case which has occurred as an indubitable bronchial spasm, was that of a pale, nervous boy 6 years of age. The peculiarities of the case consisted in the fact that a severe catarrh, with fever, came on, and in twenty-four hours developed into asthma, which, contrary to my experience in the other cases, lasted nearly three days, with slight oscillations. In this case also, chloride of bromium was beneficial.

I will now bring up for consideration a few questions on the preceding cases, and, in answering them, endeavor to draw some conclusions with regard to the etiology and pathology, as well as the diagnosis and treatment of the disease.

First of all we must ask, does this disease correspond to our notion of asthma or bronchial spasm of adults; and has asthma bronchiale a right to a place among the diseases of children?

This question is to be answered unconditionally in the affirmative.

The combination of symptoms found in the five observed cases corresponds exactly to asthma of adults arising from spasm of the bronchi. It has all the marks of the so-called asthma nervosum, so described by the best observers, Romberg and others. 1st. The attack of severe dyspnoea either comes on suddenly, or at least rapidly, while the patient is in perfect health, or, if preceded by bronchitis, seldom requires as much as two or three days for full development. In the same way it ceases instantaneously, or in a few hours. 2d. The catarrh which precedes or coexists with it does not disprove the fact that it has a nervous origin (a characteristic of asthma of adults), for, on the one hand, the excessive dyspnoea is entirely out of proportion to the

catarrh, which is often inconsiderable; and, on the other hand, the asthma may cease entirely and the catarrh continue with increased severity. 8d. Just as, in order to prove the nervous nature of asthma of adults, and its origin in spasm of the bronchial muscles, it is necessary to prove the absence of all primary anatomical disturbances, within or without the lungs or bronchi, which could cause the dyspnoea, so in these cases of bronchial asthma in children observed by me, absolutely every other known cause of dyspnoea is excluded. 4th. That which vindicates even more positively the nervous character of the asthma in these cases is their paroxysmal appearance and the typical course which they often had. We saw the first case become strictly typical, as occurs in many cases of neuralgia. In all except the fifth there was found a typical duration of ten to twenty hours in the single attacks, and in others the attacks always appeared in the night. All these characteristics would not be found in case of dyspnoea caused by anatomical lesions, and can only be supposed in case of stoppage of the breath by spasmodic contraction of the bronchial tubes.

(To be continued.)

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
CHARLES D. HOMANS, M.D., SECRETARY.

Nov. 28th.—*Tubercle of the Choroid in Acute Miliary Tuberculosis*.—Dr. G. F. WADSWORTH showed the specimen and a section through a tubercle under the microscope.

The occurrence of miliary tubercles in the choroid in this disease was first observed by Manz. He published his first case in 1858 (*Archiv. für Ophthalm.*), and five years later two others. In 1866, a fourth case was published by Busch, in *Virchow's Archiv*. With the exception of these isolated cases, nothing appeared on the subject till 1867, when Cohnheim (*Virchow's Archiv*, Band 29) published a series of seven successive cases, on which autopsies had been made at the Berlin Pathological Institute in the course of four months, in each of which either in one or both eyes the same characteristic deposit was found. Attention being thus excited to the probable diagnostic value of an ophthalmoscopic examination, Graefe and Leber were invited, in April, 1867, to examine a case in Griesinger's wards at the Charité Hospital in Berlin.

They found, with the ophthalmoscope, appearances according with those described by Cohnheim, and examination after death confirmed the diagnosis. This case was reported in detail, together with a case of Dr. Fraenkel, in the *Archiv für Ophthalmologie* for 1868. In January of the same year, J. Soelberg Wells reported a case in the *London Medical Times and Gazette*, and Dr. Fraenkel two more a year later. The specimen which I have here is from a case observed by Dr. Heymann, of Dresden, in 1868.

These six cases are, so far as I am aware, the only ones in which an ophthalmoscopic examination has been made. Of these, the three cases of Dr. Fraenkel are the most interesting, since in them the diagnosis was only made certain by means of the ophthalmoscope, in the first six days, in the second nine days, and in the third two months before death. The other three cases were correctly diagnosed before ophthalmoscopic examination. In five of the six cases the diagnosis was verified by autopsy. In the second case of Dr. Fraenkel no autopsy was allowed.

Meanwhile Cohnheim, in the ten months following his first published series of seven cases, had examined eleven others, and all with the same result, i. e., tubercles were found in the choroid in one or both eyes. In all these cases the miliary deposit was found in a large number of organs, and all, with one exception, were acute in their course. Cohnheim, moreover, examined the choroid in a large number of other cases, especially of localized tuberculosis of the lungs and intestine, and found it invariably free from tubercles.

With the microscope the tubercles are seen to consist of a rounded heap of lymphoid cells. They cause atrophy of the normal choroidal tissues locally, and after reaching a certain size undergo caseous degeneration, commencing at the centre. While still small they are situated in the inner layers of the choroid, close to the limiting membrane, and as they increase, give rise to a projection of this before extending to the posterior layers, but never cause its rupture. The larger ones may extend to the whole thickness of the choroid, and even cause a depression in the sclerotica. The pigment epithelium over the granules becomes gradually atrophied, commencing at the centre. The retina is simply pushed forward as the tubercles increase in size.

The ophthalmoscopic appearances are characteristic, and have been well described by Graefe. Greyish white patches, round,

or very nearly so, gradually shading off at the edges into the normal color of the fundus; the larger ones slightly elevated, and perhaps presenting a yellowish white opaque appearance at the centre or throughout, a result of caseous degeneration. This last characteristic was distinctly visible in one of Fraenkel's cases. Round, whitish patches may occur in some forms of choroiditis disseminata, but these usually only retain this shape while quite small, and soon acquire an irregular contour from the confluence of two or more neighboring deposits. In these, moreover, the whitish coloration never gradually shades off from the centre to the circumference, but either their surface presents an irregular increase and diminution of pigment, or there is an increase of pigment at the edges. The tubercles may occur in any part of the choroid, but in every case thus far examined, whenever only a few were present, they were situated in the posterior portion of the fundus, so that their discovery with the ophthalmoscope would have been comparatively easy.

In only one case was disturbance of vision complained of, and here there were numerous small hæmorrhages in the retina. This was perhaps owing to accidental causes (the patient had given birth to a child a week before her death), perhaps to the large number of tubercles present, 52 in one eye and more than 40 in the other. No disease of the retinal vessels was found. In one other case, however, vision must have been impaired, since a nodule $2\frac{1}{2}$ millimetres in diameter (the largest found in any case) was situated just behind the macula lutea; and it is quite possible that in some other cases the impairment was only masked by the general condition of the patients. Wells's case and the two last cases of Fraenkel were examined with reference to this point after the tubercles were seen and while the patients were in full possession of their senses, but no imperfection of vision was found.

I have brought this subject forward on account of the great diagnostic value which an ophthalmoscopic examination must have in suspected cases of acute miliary tuberculosis (tubercular meningitis), the difficulty of diagnosis in which is well known. The results of Cohnheim's investigations certainly show that in the vast majority of cases, at least, tubercles exist in the choroid, and may be observed during life.

Nov. 28th.—*Twin Labor; Two small Placentæ, battledore, fused; Cords very short—one Ruptured at Birth.* Dr. J. P. REYNOLDS reported the case.—X. L., primipara, set.

28. Five years married—twins. First child a male, footling delayed in latter half of labor. Soon after the cord of this child had been tied, the placental portion of it was found torn off spontaneously. The second child, a female, several days dead, followed immediately, presenting by the head. There were two sacs; the united placenta hardly equalled in size an average single placenta; each cord was inserted at an outer edge—the cord of the living child had torn itself off at the point of origin from the placenta. This cord was fifteen inches long; that of the dead child only twelve. The mother should have been confined three weeks later; and the living child appeared to lack full development by about this number of weeks.

The mother, four weeks previously, had been for one day quite ill with severe cough. One week before labor she was thrown down with great force, striking on her side.

Fœtal movement had been throughout the pregnancy very indistinct.

By a remarkable coincidence the father of the children had a twin sister.

Nov. 28th.—Dr. STORER reported the following cases:—

I.—*Placenta Prævia.*—I would refer to a case of placenta prævia which has occurred to me, within the past few weeks, to show how satisfactory, in some alarming cases, is the treatment proposed and practised by the late Prof. Simpson.

You are aware that in cases of placenta prævia, when the os uteri is so undilatable as to render it utterly impracticable to introduce the hand into the uterus for the purpose of turning, and the hæmorrhage is urgent, Prof. Simpson has advised and practised passing the finger within the os as far as possible and separating the placenta—thus breaking up the connection between mother and child, and checking the hæmorrhage at the loss of the life of the latter.

I was called, a few weeks since, to a lady in the eighth month of her pregnancy with her eighth child. I had attended her in seven of her confinements; she had always done well. Now, without any premonition, while sitting with her family, she was alarmed by a profuse hæmorrhage from the vagina. She was immediately removed to her chamber, and I was sent for. Arriving at her house in a very short time, I found her in bed, literally blanched by the loss of blood, gasping for breath, and her pulse scarcely perceptible. Upon raising the bedclothes, the hæmorrhage was found to be extreme. Introducing my finger into the vagina, the os was felt to have scarcely commenced dilatation; the extremity only

of the finger could be passed into it. I immediately sent for ergot, and felt I must act at once if my patient was to be saved; the tampon seemed out of the question, as the little additional blood which would inevitably be lost previous to its being checked by this method might destroy her. Accordingly, while stimulants were being administered, I endeavored to dilate the os; and by considerable continued effort was enabled to pass my finger into it, and to separate the placenta. Upon obtaining the ergot, half of a drachm of the powder was exhibited in infusion. Almost immediately after the placenta was delivered, the bleeding lessened, and soon entirely ceased, and with its cessation my patient began to rally and my fears to diminish. In the course of half an hour ergotine pains commenced and continued quite active for some time, when, having ceased, and the os being now sufficiently dilated, the forceps were applied and the child readily delivered. No untoward symptom supervened after delivery, and the lady was as well at the expiration of a fortnight as she had been at the same period in previous confinements.

I have not reported this case as a rare one, but to encourage any of my brethren who may find himself similarly situated.

II.—*Hæmorrhage from Rupture of the Hymen*.—In most cases the hymen is ruptured with but little pain and trifling hæmorrhage. Gaillard Thomas, in his essay on this organ, observes that the only case he had seen recorded of profuse bleeding at the time of sexual intercourse was that of Dévillier, whose surgical aid had to be employed to check it.

Several years since I reported to this Society a case which fell under my own observation.

In this case I was summoned before day-break to visit a lady at one of our hotels. I found her very pallid and exceedingly alarmed. She had been married a few hours before, and was now blanched by a profuse hæmorrhage from the vessels of a ruptured hymen. During the past week, I was called to a second case of this description. A vigorous sea-captain, who had been married four nights previously, was in great distress at the condition of his young wife, who had bled more or less profusely from the vagina each night since her marriage, and the bleeding continuing up to the evening of the fifth day, he could no longer delay asking for medical advice. The wife was exceedingly prostrated, not being able to move in her bed; her pulse was very feeble,

and she was constantly fainting—her bed-clothes saturated with blood.

From conversation with the husband, I was satisfied the lesion was produced by no slight disproportion of the genital organs.

I have related this case not merely on account of its infrequency, but of its importance in a medico-legal point of view—proving that serious if not fatal hæmorrhage may occur from this organ without any criminal intent having existed.

III.—*Incontinence of Urine*.—In the *Dublin Quar. Journal* for February last, Sir Dominic Corrigan proposed a new treatment for incontinence of urine—which consisted in the application of collodion—he considering “that the escape of the urine is owing to want of apposition in the sides of the canal of the urethra, or to a feeble state of the circular fibres which are supposed to constitute the sphincter of the neck of the bladder.” He recommends that “while the prepuce slightly curved up is held with the left hand, the little cup thus formed by the extremity of the prepuce be smeared over with collodion by means of a small camel’s hair pencil. Almost as fast as applied, the collodion solidifies. In contracting it draws closely together the edges of the prepuce, and thus the exit for the escaping urine is closed.” He also advises that the lower portion of the body should be gently raised to an inclined plane from hips to feet, so as to allow the urine in the bladder to gravitate towards its fundus.

Soon after reading his article, a case of incontinence falling under my care, and being often disappointed in the methods usually practised, I determined to pursue the above mentioned course.

The boy, aged 7½ years, had suffered since infancy from this infirmity. He had tried various remedies under the directions of different physicians, without any material benefit. At my suggestion the mother applied this collodion—and with immediate relief—not perfect at first, but in a few nights the entire night was passed without a drop of urine passing. At the end of three weeks the mother told me he had passed one or two nights without any discomfort, although the application had been omitted. In a short time the incontinence returned, and I learned the remedy had lost its effect. Upon inquiry I was told a second bottle of collodion was tried now, less adhesive. I advised the procuring some similar to that first employed. This was found very soon to answer the purpose. When last heard from, the boy was still exempt from

his trouble while he used this remedy, and frequently without it.

You perceive this is only a single case; and were it an original observation I might be ridiculed for reporting it, but as corroborating others already published, it may not be considered valueless.

DEC. 12th.—*Sir James Y. Simpson on the Treatment of Unavoidable Hæmorrhage by Extraction of the Placenta.*—Dr. Parks made the following remarks suggested by the case of *placenta prævia* reported by Dr. D. Humphreys Storer, at the last preceding meeting. Dr. Storer speaks of the artificial detachment of the placenta as “proposed and practised” by Prof. Simpson. Now the notion extensively obtains that the *proposal* of Prof. Simpson to detach the presenting placenta was *first started* by him. On turning to the 605th page of Simpson’s “Obstetric Memoirs—first series,” we find an elaborate paper with this caption: “The Complete Separation, and if necessary Extraction of the Placenta before the child.” The page referred to has at the top of it the words, “new practice proposed for *placenta prævia*.” The article begins with this paragraph, “I shall first state the grounds on which I venture to found the propriety of this proposed addition to the treatment of the very anxious and very dangerous cases of which we speak.”

We happen to know that a cursory survey of Prof. Simpson’s works has in point of fact sometimes led readers to suppose that there was no reference to any other writer as recommending the practice in question. But, on the 677th page of the volume we have alluded to, being the 72d page of the paper, which is 114 pages long, is the following statement in allusion to “a very interesting case” (previously mentioned in the memoir), of “expulsion of the placenta before the child, detailed by Mr. Chapman, surgeon at Ampthill, Bedfordshire, and reported by him in the 4th volume of Dr. Duncan’s *Annals of Medicine*, published in the year 1800.” Prof. Simpson then proceeds to credit Mr. Chapman with “the first explicit suggestion as to the proper principle of treatment in some placental presentations,” and then quotes the words of Chapman as follows: “From the expulsion of the placenta to the birth of the child was full four hours. She (the mother) lost little or no blood. How far does this suggest a different practice to that in general followed? I mean that of delivering the placenta previous to delivering the child, in those cases of alarming

hæmorrhage where the placenta is situated on the side of, or over; the os uteri.”

Then, on the succeeding page (678), Prof. Simpson says that after the first part of his monograph was printed in the journal where it originally appeared, he became convinced that several years previous Mr. Kinder Wood, of Manchester, who died in 1830, advocated, under some circumstances of *placenta prævia*, “the total separation of the placenta in unavoidable hæmorrhage.” But the opinion is subjoined by Prof. S. that Mr. Wood divulged this practice only to “his immediate friends and pupils.” It should be noted that Wood recommended passing the *hand* through the os uteri in order to effect the detachment.

It is not strange, perhaps, that these passages should have been often or generally overlooked, since, while Prof. Simpson says he wrote the first part of his paper under the erroneous impression described, there is nothing more than the vague term “suggestion of Chapman” as one of several headings to the *section*, and nothing at all at the top of the page to attract notice to them.

There is no doubt that Prof. Simpson did a vast deal to call attention to this mode of practice; and that the separation of the placenta (partial or complete) in “unavoidable hæmorrhage” has met with a good share of success in the hands of others. That, however, it would have passed into oblivion, save for the efforts of Prof. Simpson, we are hardly warranted in assuming; since Radford, it is claimed, had previously adopted it, and advocated it on the basis of clinical experience; having perhaps been led to it through the possession of Kinder Wood’s MS. on the subject, which Radford afterwards published, among other writings of his predecessor.

It may not be amiss to mention here that the *rationale* of the production of the hæmorrhage in placental presentation, as set forth by Dr. Robert Barnes, in his recent work, is quite different from the theory of Levret, Rawlins, and Hamilton, which was adopted by Kinder Wood, Radford, and Simpson. Dr. Barnes further believes that the *entire* separation of the placenta *prævia* is not always necessary to the arrest of hæmorrhage; that it is not always feasible without the introduction of the entire hand; and that it has not always been accomplished by those who have (in good faith) alleged instances of its performance *digitally* by themselves.

SUFFOLK DISTRICT MEDICAL SOCIETY. REPORTED
BY DR. F. W. DRAPER.

THE Society met Saturday evening, Nov. 26th, a large number of members being present, the President, Dr. Shattuck, in the chair.

Dr. John Homans presented two specimens of croupous inflammation of the larynx and trachea. Tracheotomy had been performed in both cases, and with marked temporary relief. Both cases survived thirty-six hours after the operation. In one case, a fragment of false membrane had appeared at the opening in the trachea at the time of the operation and had been withdrawn; in the other there was no such phenomenon.

The specimens presented well-defined appearances of a croupous membrane, lining the larynx and trachea; in one case degenerated to the purulent stage. Dr. Homans stated that no membrane was seen in the fauces during life except on one day only, a very small patch on one tonsil in one of the cases. He considered that death was due not to suffocation from extending deposits, but to asthenia from the depressing effects of the disease itself; essentially a blood-poisoning.

Dr. Jackson remarked that the term tracheitis, sometimes applied to membranous croup, was a misnomer, since, in his opinion, the inflammatory process involved both larynx and trachea almost invariably. The membrane adhered to the mucous lining of the larynx more closely than in the trachea, and this was liable to mislead.

Dr. Batchelder strongly recommended the use of steam in the treatment of croup.

Dr. Jackson recalled certain cases of croup reported by Dr. James Jackson a number of years ago, which were fatal, but in which no membrane was discovered post mortem.

Dr. Bowditch gave an interesting account of certain experiments in England in the use of earth-closets as a substitute for water service; and of plans which had been carried out on a large scale for the economizing of the contents of drains and sewers, by carrying it back from cities and towns, to be used as liquid manure on farms, instead of being discharged into harbors or rivers. He remarked, incidentally, that he had observed during his inspection of the large drains of London and other towns, that, while water stagnant was not a deodorizer, water in motion, as in sewers, had no perceptible odor.

Dr. Bowditch also exhibited an electric bul-

let probe. It was so constructed that on being passed into a bullet wound and coming on the lead, the concealed metal completed the circuit of the galvanic current and signaled the completion by an alarm bell. The same adaptation was made for bullet forceps, the two poles of the battery being connected with the two handles of the forceps.

Dr. Doe related the history of a case of Foreign Body in the Air Passages. The case was published in full in the JOURNAL for Dec. 29, 1870.

Dr. Cheever exhibited the pin, removed in the foregoing case, an ordinary shawl-pin about two inches long, and with a round bead at its head. He remarked that one of the noteworthy symptoms in the case was that when the child bent its head forward, pain was caused as if the point of the pin impinged at some part. He also observed that the polypus forceps which were used could be passed with unexpected ease into either bronchus, and he considered it the rule that the bronchi of children were relatively larger than those of adults. The wound in this case had been left freely open without sutures, yet air ceased to pass on the fourth day.

Dr. B. Joy Jeffries commented on cases of posterior synechia which had been relieved at the Eye Infirmary by Passavant's operation [see vol. vi. p. 166], both those which had been formerly reported by himself in this JOURNAL, and certain subsequent ones. In none of the nineteen cases under his observation had any recurrence of adhesion of the iris followed. In some instances he had used nitrous-oxide gas as an anæsthetic, and in two or three cases no anæsthetic was employed. Dr. Jeffries presented two patients to the society in which the operation had been successfully performed the day previous.

Dr. Amory, of Longwood, exhibited and described Fox's apparatus for the administration of nitrous oxide gas, the characteristic feature of it being the condensation of the gas, under a high pressure, in an iron cylinder, whose contents represented one hundred gallons of gas.

Dr. Amory inhaled the gas in the presence of the society, and demonstrated its anæsthetic properties.

Dr. Both exhibited specimens of lung tissue under the microscope, designed to refute Kölliker's theory of the minute anatomy of the circulation in the lung, and to show that the capillaries lie free between the pulmonary vesicles, instead of in contact with them.

Dr. Bowditch described the "convalescent homes" which have been established in connection with some of the English hospitals, and hoped they would before long be organized here and thus fulfill a great need.

Dr. H. R. Storer hoped that latitude would be allowed in the matter of admission to such institutions, and that cases of women's diseases, excluded from most existing institutions, may there be admitted.

Dr. Doe explained the objects of St. Luke's Convalescent Hospital, recently established in this city.

Dr. Shattuck, while approving the project of convalescent homes, advocated strongly the establishment of hospitals for incurables.

Dr. Ayer also presented the need of a proper lying-in hospital in this city.

The Society adjourned.

Medical and Surgical Journal.

BOSTON: THURSDAY, JANUARY 12, 1871.

FIRST MEDICAL AND SURGICAL REPORT OF THE BOSTON CITY HOSPITAL.

THE volume* which it is our privilege to notice is the first of its kind in Boston, and consists of a series of carefully written monographs on topics suggested by the practice of five years of a large and important hospital. We cannot fail to congratulate the profession that a work so valuable is placed before them, and to express our grateful appreciation of the Medical Staff which composed and the Board of Trustees which published the Report. Like the reports of the English hospitals, and those of New York and Philadelphia in our own country, the material of this volume is based on the most recent investigations of the day; like them it bears evidence of active, vigorous professional work; and in like manner it presents an important aggregation of results from extended data.

The report opens with a chapter on the history and a description of the hospital. We must omit any other mention of this portion of the work, and confine ourselves to the monographs which compose the prin-

cipal part. We note, however, with surprise and regret, that the name of a most able and faithful member of the medical staff has been omitted in the list of retired surgeons.

Perinephritic Abscess, its Complications and its Treatment, by Henry I. Bowditch. A history of ten cases of this disease is given, the continuation of an article on the subject communicated to this JOURNAL (Vol. I., No. 23, July 9, 1868), from which Dr. Bowditch draws inferences of importance in the etiology and treatment of the disease. He urges, in the first place, the liability which exists of latent or manifest chest complications in connection with and in consequence of the abscess below the diaphragm; these at times become the most important feature in the case, and one liable to produce long continued wasting disease, if not death.

Secondly, he endeavors to impress on the reader the importance of an *early* and thoroughly radical operation, whereby the pus may be allowed to escape; he believes that the delay which modern surgery would suggest till pointing or fluctuation at the part should be manifest, would in many instances be fatal in its effects. Still more important does he consider it to operate if thoracic symptoms be noticed, even if they be slight; and, *a fortiori*, if these signs be manifest and severe. In case there is little or no discharge of pus at the time of the operation, he would keep the wound open by setons or tents.

On Excisions of Joints, by David W. Cheever.—The larger joints were excised by the surgeons of the City Hospital 28 times in five years, in which experience the ratio of mortality was found to be 43 per cent. We must take the prominent points and conclusions in this article, as in all of the others composing the volume. Dr. Cheever has detailed nine cases of excision of the head of the femur. Five of these children are walking very well, one walks with crutches, and one is still in bed. It is still too soon to deduce positive experience as to the result of these cases; one thing, however, is evident, the operation is comparatively of slight importance, and the immediate relief to the patient is very

* First Medical and Surgical Report of the Boston City Hospital. Edited by J. Nelson Borland, Physician; David W. Cheever, Surgeon. Boston: published by the Board of Trustees. 1870.

marked. He recommends it decidedly in children of the poorer classes. With those in better conditions of life, various considerations naturally influence the mind of the surgeon. "In the operation we undertake, on a larger scale, what nature constantly strives for, namely, to cast off and absorb the diseased bone. We expedite her processes. * * * We get rid at once of the carious head of the femur, which is the centre of diseased action. We thus shorten the period of invalidism in poverty, and assure the child a better hope of recovery." Dr. Cheever regards the knee as affording the least prospect of success from excision of either of the large joints. Of the six cases operated on at the hospital, two subsequently came to amputation, one died, and three recovered with more or less useful limbs.

Cases of Pneumonia, by J. N. Borland. The tables given in connection with this article include 199 cases of pneumonia, and from these a series of valuable deductions is drawn. In speaking of the locality of the disease, Dr. Borland finds that, of 44 cases of double pneumonia, the two lungs were equally affected in 17; in 19 the right lung was most involved, in 8 the left lung. Of 59 cases of single pneumonia, the right lung suffered most in 40 instances; the left lung in 19. The highest temperature attained in the disease was usually 103° or 104°, but its height does not necessarily indicate the intensity of the disease. The temperature and pulse usually rise and fall together, and the temperature usually decreases before the frequency of the respirations diminishes. Of the cases reported, 10 died, or 1 in 10½ cases. Dr. Borland carefully reviews the death list, giving the immediate cause in each case. A series of valuable descriptive tables closes the article.

Displacement of the Upper Jaw, by David W. Cheever. The author here carefully describes the method of operating employed by himself for the treatment of nasopharyngeal polypi, giving the details of three operations done by him. The mode of operating is thus described by the author:—

"An incision was made from just below the inner canthus of the right eye, down-

wards by the side of the nose, following the naso-labial fissure, to the corner of the mouth. The inner flap was dissected up until the symphysis was exposed, and the outer until nearly the whole of the superior maxilla was free. With a narrow-bladed saw, about three inches long, the superior maxilla was now divided transversely, about half an inch below the floor of the orbit. The blade of the saw was plunged into the zygomatic fossa, and the front and back walls of the antrum were sawn through horizontally, starting just below the articulation with the malar bone and terminating in the anterior nares, at the lower end of the nasal bone. The ala of the nose having been lifted up, the right central incisor was next extracted. Strong bone forceps were now used to divide the alveolar process, through the socket of the right central incisor. The cut included the *alveolus only*. The hard and soft palate were not touched. The bone was now held by the palate process, palate bone and its coössification with the pterygoid processes. Seizing the alveolar processes with strong tooth forceps, the whole section of the superior maxilla was bent down and displaced into the mouth. * * * The superior maxillary bone was now hanging with its antrum exposed, and attached by the bent or broken hard palate, the unbroken soft palate, and the broken osseous and unbroken muscular and vascular attachments of the pterygoid process of the sphenoid bone. On these attachments we were to rely for the restoration of the bone."

Dr. Cheever makes a comparison between the operations of Langenbeck and Ollier, and his own. The former, as will be remembered, attacks the foreign growth from the side, the second from the front through the upper meatus of the nose; and Dr. Cheever reaches it through the lower meatus. An interesting comparison thus presents itself: first, as to the relative room gained to operate in; second, as to the seat of the tumor; third, as to the arterial supply of the bony flap; and, lastly, as to the amount of external mutilation of the face.

Langenbeck's operation gives the most room, but also the greatest mutilation, and is more adapted to the class of tumors which he calls "retro-maxillary," which grow from the spheno-maxillary fossa; Ollier's method presents a small amount of mutilation, but little room; in Dr. C.'s operation the minimum mutilation is obtained,

with a larger arterial supply than in either of the other processes, and also a sufficient amount of room for most naso-pharyngeal tumors.

Treatment of Acute Rheumatism, by John G. Blake. The object of the writer of this article was to ascertain, by a close comparison of results, whether certain remedies and modes of treatment confirmed claims made by their advocates, and to learn if any one possessed advantages over others in the cure of this most intractable disease. The alkaline treatment—that recommended by Dr. Fuller—consisted in the use of salts, generally of potash and soda, while the non-alkaline method included iodide of potassium, colchicum, opium and guaiacum. Indeed, all the recognized methods of treatment were employed by the gentlemen of the staff, and the results deduced therefrom are well shown by Dr. Blake.

Dr. Blake has carefully prepared a table of the cases of which he speaks.

Treatment of Skin Diseases, by H. F. Damon. The material of this report is drawn from a clinic of a thousand patients, and, of course, includes much that is interesting and valuable; it is, however, largely of a statistical character. The report is illustrated by three fine lithographs.

Typhoid and Typhus Fever, by J. B. Upham.—There are presented in this article, in condensed form, the history of all the undoubted cases of typhoid and typhus fever which have occurred in the hospital—152 of the former, and 38 of the latter disease. He gives a series of valuable deductions from the cases under notice, but we are obliged to pass hastily over them.

Reproduction of the Tibia, by David W. Cheever. A valuable review of three cases of reproduction of the tibia, after sub-periosteal resection, which occurred in the hospital.

Ophthalmic Report, by H. W. Williams.

Report of the Aural Department, by J. Orne Green. The *résumé* of these two departments is mostly statistical, but none the less valuable.

Two Cases, by David W. Cheever. I. Encephaloid Tumor of Tonsil. II. Occlusion of Vagina, with a wood-cut from a sketch by Dr. George L. Underwood.

Peri-Uterine Inflammation, by A. D. Sinclair. This important subject in the study of the diseases of women has fallen into good hands, for the author has given a faithful clinical record. The article comprehends, under the title *Peri-Uterine Inflammation*, those pelvic affections described for many years under various names, chief among which are *Intra-Pelvic Phlegmonous Abscess*, *Pelvic Cellulitis*, *Pelvic Peritonitis*, and *Peri-Uterine Inflammation*. It is, indeed, what its author claims for it, a faithful clinical report of twenty-three cases presenting details of interest to the practitioner.

Surgical Abstract, by David W. Cheever. Aneurism; ligature of vessels; cases of cut throat; tracheotomy; foreign bodies in the œsophagus; perineal section; lithotomy; radical cure of hernia; strangulated hernia; fractures; fractures of spine; compound fractures; amputations. We can give this portion of the report a review only by title, and yet it is equally worthy of notice with any portion of the volume. It is, in fact, a practical *résumé* of the hospital in the general surgical branches named, giving in each the experience of the surgeons of the staff in the most recent operations.

A set of medical and surgical tables, giving classification and result of diseases, &c., closes the volume.

After carefully looking over this imposing volume, and reviewing its various articles, we cannot fail to express our gratification at its perusal. It is a compendious review of the treatment of nearly 24,000 patients, with every advantage which modern medicine and surgery can supply. We have barely touched on the contents of the book; but must leave its careful perusal to the leisure hours of our readers.

Part of the clerical work of the report has been done—and well done—by Drs. Doe, Draper, Folsom, Brigham, and others.

We feel called upon to note the beautiful typographical execution of the work at the hands of the City Printers. It is much to be regretted, however, that the very heavy paper employed has made the volume quite unwieldy.

EPISTAXIS. *Messrs. Editors*,—A few years ago, a non-medical neighbor told me that he could always arrest bleeding at the nose by

firm compression with the thumb and forefinger, holding the head forward and breathing by the mouth. I have since tried this plan in many cases, with prompt success. Recently, I have noticed that Prof. Gross, in his "Surgery," recommends the same. This is a more "simple method" than the "writer in the *Gazette des Hôpitaux*" suggests, as related in the last JOURNAL, and more effectual; for to arrest the blood in one branch of the facial artery might not be sufficient, as a supply would be afforded from the opposite side. The method I propose arrests the blood in the branch on each side, and in the artery of the septum also.

J. O. WHITNEY, M.D.

Pawtucket, R. I., Jan. 7, 1871.

DR. DUNSTER ON THE RELATION OF SCIENCE TO RELIGION.—Science has furnished that great argument of natural religion which deduces a First Cause from the evidences of design, with its most striking and convincing illustrations. "Science," says Prof. Youmans, "is the revelation to reason of the policy by which God administers the affairs of the world." And every discovery which science has made only furnishes additional proof of the constant and overpowering control of a Supreme Being. Rightly interpreted, then, science, so far from fostering scepticism, is the most powerful agent in dispelling it—the strongest support which true religion can bring to its aid.

ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.—The Medical Society of the District of Columbia held its fifty-third annual meeting on January 3d, Dr. W. P. Johnson presiding.

The annual election was held, and resulted as follows:—President, Dr. J. M. Toner; Vice Presidents, Drs. S. C. Busey and Wm. Marbury; Corresponding Secretary, Dr. W. B. Drinkard; Recording Secretary, Dr. W. W. Johnston; Treasurer, Dr. F. A. Ashford; Librarian, A. F. A. King; Board of Examiners, Drs. W. G. Palmer, D. R. Hagner, Lewis Mackall, Jr., B. Thompson, C. M. Ford; Censors, C. H. Liebermann, J. F. Thompson, and Thomas Miller.

Dr. Toner, upon taking the chair, thanked the society for the honor done him in electing him to preside over the deliberations of this, the oldest and largest medical organization in the District. In the course of his remarks he gave the following

Interesting Medical Statistics.—The Medical Society has upon its rolls as members the number of 291; deceased or removed

from the District, 131; members in active practice, 150; members retired from practice, 12; licentiates engaged in practice, 18; members attending hospitals in the District, 15; members engaged in teaching in medical colleges, 20; members who hold salaried offices and clerkships, 20.

About sixty physicians (not licentiates) claiming to be regularly educated, many of them holding Government clerkships, about one half of whom are graduates of our own colleges, are at the same time engaging in practice. Many of them will eventually become members of this society. The proportion of physicians to population generally is one in from five hundred to a thousand. Two hundred and four physicians in the District have paid the special tax of \$10 to the General Government for the past year; which, of course, includes all varieties of practice. About fifty persons, who do not pay any license, present themselves before the public as physicians.

The Annual Address and Supper.—The annual address and supper of the Medical Society of the District of Columbia took place on Wednesday evening, the President, Dr. Toner, in the chair. The address was delivered by Dr. S. C. Busey, after which the society partook of its annual supper.

TARTAR EMETIC—AN ANTHELMINTIC. By J. DABNEY PALMER, M.D., Monticello, Fla.—My attention was directed to this property of tartar emetic by observing the discharge of worms in several cases in which the medicine had been employed for other indications. It is calculated to expel the round worm as effectually as the tape.

A little girl of five years was threatened with inflammation of the brain, for which two or three doses of the antimonial were administered. After taking the last dose she passed a large round worm, and, as no anthelmintics had been given, the result was ascribed to the antimonial.

Mrs. M. gave her child hive syrup, and, in order to induce the child to take it, she took some herself, which was followed by the discharge of eighteen inches of tape worm.

These worms were passed alive, owing, in all probability, to the minute quantity of tartar emetic taken.—*American Journal of Pharmacy.*

ABSORPTION OF MERCURY THROUGH SKIN AND MUCOUS MEMBRANES.—Dr. Rindfleisch, of Bonn, has been making some experiments on rabbits with mercurial ointment,

which are worth relating. In order to prevent the animals licking the parts, the ointment was rubbed into the inner aspect of the ears. After rubbing the ear of a rabbit for some time with blue ointment, and washing the part with soap and water, the ear was snipped off, and laid under the microscope. After making these preparations, Dr. Rindfleisch became convinced that not one particle of quicksilver passed through the epidermis. The malpighian net was quite free from any particle. He then put some blue ointment into a rabbit's eye, closing up the eyelids by sutures. The result again was negative; no particle of mercury passed through the conjunctiva. Convinced that the result would be different in the bowels, he fed rabbits with potatoes in which blue ointment was mixed. They died pretty quickly. The mucous membranes of the bowels were found hyperæmic, and some small ulcers covered the membrane in many parts. There were quicksilver particles found in the intestinal glands, absorbed by the open mouths of the absorbents from the ulcers. The blood did not contain a single particle; nor did the liver, spleen, lungs, brain, kidneys or bones. Next, small pieces of blue ointment were placed in the peritoneal cavity of rabbits, and the result was again negative. There were particles found in the lymphatic of the diaphragm; but only there. Dr. Rindfleisch, therefore, concludes—1. That quicksilver contained in mercurial ointment passes neither through the outer skin, nor the mucous membrane, nor the serous membrane, so long as these are inviolate; 2. That it, on the other hand, passes along the open parenchymata of the body, through open lymphatic vessels and the base of phagedænic ulcers.—*London Med. Press and Circular.*

A BURNING EARTH.—A curious industrial application of a hydro-carbon called ozokerit, found as a mineral product in Moldavia and Wallachia, has been made in England. A firm, noticing its brilliant light when burned, decided to experiment on it with the object of making candles. To all appearances this was a most unpromising idea. The ozokerit, in its natural state, is a dirty, brownish-black mass, and the public have been so luxuriously educated in the matter of illumination that nothing but a very handsome candle can compete with the lights of the present day. The success of the enterprise has, however, been perfect. By sundry processes of distillation and purification, a beautiful, white, hard,

waxy substance is produced, handsomer than spermaceti, not so transparent as paraffine, but possessing a brilliant gloss, and melting at a temperature of 140° Fahr. This high melting point (paraffine being about 125° and stearine 130°) allows the employment of a larger wick, and this, combined with the naturally brilliant light of the ozokerit itself, makes the candles burn with a brightness exceeding that of any now in use.—*Med. and Surg. Reporter.*

BLOOD-PICTURES.—Dr. Day, of Geelong, Australia, the improver of the guaiacum-tests for blood and other animal fluids, confirms the discovery of Neumann, that the picture or net-work formed by human blood can be distinguished under the microscope from that which is formed by the blood of other animals. He says he has repeated the experiment, which is "wonderfully simple," almost every day for the last two months, with invariable success. A small drop, not a mere speck, of the blood is to be placed on a microscope-slide, and carefully watched, at a temperature of 10° or 12° Reaumur (=54.2° to 59° Fahr.), until the picture or net-work formed by its coagulation is developed. Human blood speedily breaks up into a "small-pattern" net-work; the blood of other animals (calves, pigs, &c.) takes a longer time, and makes a large pattern; but the blood of every animal seems to form a characteristic "picture." Dr. Day has examined the blood of calves, pigs, sheep, rabbits, ducks, hens, several kinds of fishes, &c., as well as that of man, and has found the results to be trustworthy and constant.—*New York Med. Journal.*

TREATMENT OF IRITIS.—The therapeutic indications are: 1st. Removal of the causes that are still somewhat active. 2d. Keeping away all sources of injury which may maintain or even increase the inflammatory process. 3d. Diminution and limitation of the proliferation of tissue, and a reduction to the normal mean of the increased nutrition. 4th. Prevention of the possible dangers from iritic neoplastic formations. 5th. In case this latter does not succeed, the direct removal or lessening of the disturbance of function caused by them.—*Stellwag on the Eye.*

Dr. BESNIER prescribes compresses soaked in a concentrated infusion of leaves of digitalis, kept applied to the scrotum, in orchitis and hydrocele.

Medical Miscellany.

CORRECTION.—In the JOURNAL of December 29, 1870, we failed to credit the extract on Analgesia in Vertebral Caries compared with that in Hysteria, to *The Journal of Psychological Medicine*, for which it was translated from the *Vierteljahrsschrift f. d. prakt. Heilkunde*.

APPOINTMENT.—Dr. Oscar C. DeWolf, of Northampton, has recently received the appointment of Prof. of Surgical Anatomy in the Cleveland Medical College.

SINGULAR MALFORMATION.—The following malformation, in a girl of 20 years of age, is described by Dr. Constantinides, in *The Canada Lancet*: She hardly presented any traces of the external genitals. No labia were to be seen, no nymphæ, no vagina, no clitoris, no mons, in short no appearance whatever even of the very rudiments of the external organs of generation. A slight crease about one inch in length and a few lines deep, covered with a roughened sort of mucous membrane having much the character of the adjoining epidermis over the perineum, occupied the place of the vulva. In the centre of this, a small opening indicated the orifice of the urethra, through which a female catheter, which I introduced, passed directly into the bladder.

Although it was more than three years since I had seen her last, and she was now past her twenty-first year, her sexual system was wholly undeveloped, and she looked and acted in all respects like a child.

On her death, I entreated her friends to allow a post mortem, and to let me have an autopsy of, at least, the contents of her pelvis, but the same morbid delicacy which, against all my urgent and incessant requests, prompted them to refuse any other medical man to be a witness of her deformity during her life, led them also to kindly yet decidedly refuse my request at the end.—*Med. and Surgical Reporter*.

CASE OF VARIOLA TEN DAYS AFTER SUCCESSFUL VACCINATION.—An infant, 27 days old, having every appearance of health, was brought to the Hospice des Enfants-Assistés on February 28, and vaccinated next day. On March 8, on account of the perfection of the pustules and the vigor of the child, twenty nuns, fifteen nurses, and a ladies' boarding-school were all revaccinated from it. The next day an eruption appeared, which proved to be variola, of which the child died on March 13. None of those vaccinated from it took smallpox. In several the revaccination succeeded.—*Revue Méd.*, Sept. 3.

BELLADONNA IN ASTHMA.—The action of belladonna in asthma is twofold. It acts upon the vessels of the spinal cord, and diminishes its sensibility. Secondly, it acts upon the large pulmonary vessels, causing them to contract, and so stimulating the pulmonary circulation. Belladonna seems to cause contraction of the muscular fibres of all the large arteries, it also produces more rapid action of the heart.—*Medical Archives*.

To detect the presence of strychnia, it is suggested by a Prussian chemist, to saturate the suspected substance with ammonia, and allow it to dry spontaneously, then heat it with a little amylic alcohol, after which a few drops of the liquid is to be added to sulphuric acid and bichromate of potash, when, if strychnia be present in substance, the well-known coloration characters of alkaloid will be obtained.—*National Med. Journal*.

TO CORRESPONDENTS.—Communications accepted:—A Case of Gastric Ulcer.

PAMPHLETS RECEIVED.—Circular No. 3, Surgeon-General's Office, Washington, D. C. Approved Plans and Specifications for Post Hospitals. 4to. Plates I to V.—Do. No. 4. A Report on Barracks and Hospitals, with Descriptions of Military Posts. 4to. Pp. 494.—Transactions of the Twentieth Anniversary Meeting of the Illinois State Medical Society, held in Dixon, May 17-18, 1870. Pp. 141.—Proceedings of the Convention for the Reorganization of the Medical Society of the State of California, held in San Francisco, Cal., Oct. 19 and 20, 1870. Pp. 41.

MARRIED.—At Charlestown, 4th inst., Stephen Cushing, M.D., of Boston, to Miss Annie E. Little, of C.—At Lynn, 7th inst., J. H. Foster, M.D., of Chicago, to Mrs. Elizabeth A. Jewett, of Lynn.

DIED.—At Needham, 7th inst., Dr. Josiah Noyes, 72 years.—At Charlestown, S. C., 3d inst., John T. Cole, M.D., of Newburyport, a member of the class of 1860, Harvard College, 29 yrs. 10 mos.

Deaths in sixteen Cities and Towns of Massachusetts for the week ending Jan. 7, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	111	Consumption 61
Charlestown	14	Pneumonia 30
Worcester	22	Croup and Diphtheria . . 10
Lowell	14	Typhoid fever 8
Milford	4	Scarlet fever 7
Chelsea	3	Whooping cough 3
Cambridge	19	
Salem	8	
Lawrence	4	
Springfield	5	
Lynn	14	
Fitchburg	4	
Newburyport	6	
Somerville	5	
Fall River	9	
Haverhill	3	
	245	

GEORGE DEREY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, Jan. 7th, 111. Males, 57; females, 54. Accident, 1—apoplexy, 1—disease of the bowels, 1—inflammation of the bowels, 1—bronchitis, 1—inflammation of the brain, 1—congestion of the brain, 2—disease of the brain, 2—cancer, 2—consumption, 32—convulsions, 2—debility, 2—diarrhoea, 1—dropsy, 1—dropsy of brain, 2—dysentery, 1—eczema, 1—erysipelas, 1—scarlet fever, 4—typhoid fever, 4—gastritis, 1—disease of heart, 3—haemorrhage of bowels, 1—disease of the kidneys, 2—disease of the liver, 1—inflammation of the lungs, 15—congestion of the lungs, 1—marasmus, 3—measles, 1—old age, 3—paralysis, 3—premature birth, 2—puerperal diseases, 2—rheumatism, 1—smallpox, 1—disease of throat, 1—teething, 1—syphilis, 1—unknown, 6.

Under 5 years of age, 31—between 5 and 20 years, 9—between 20 and 40 years, 34—between 40 and 60 years, 17—above 60 years, 20. Born in the United States, 69—Ireland, 29—other places, 13.

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88—1y.

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Whole No. 2242. }
Vol. LXXXIV. }

THURSDAY, JANUARY 19, 1871.

New Series.
{ Vol. VII.—No. 3.

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HARVARD UNIVERSITY. Medical Department, Boston, Mass.

SUMMER SESSION....1871.

THE regular Course of Summer Instruction will begin at the Massachusetts Medical College, North Grove Street, Boston, on March 12th, and continue until the next Winter Course of Lectures on the first Wednesday in November. The Session is divided into two Terms by the summer vacation of two months. Gentlemen who finish their undergraduate course during the summer months, should join the Medical School at the beginning of the Fall Term, Sept. 11th; their requisite three years of study being thus completed in time for the special examination for medical degrees, which precedes the annual commencement at Cambridge.

Recitations are held daily by the Professors and Instructors in all the branches necessary to a medical education. Clinical instruction in Medicine and Surgery is also given daily at the Massachusetts General Hospital and the City Hospital. Other Hospitals and the various dispensaries and infirmaries in the city are likewise open to students. Lectures on special branches will be given at the College by University Lecturers, and courses on the sciences connected with Medicine, Zoology, Botany, Chemistry, and Physics, will be delivered at Cambridge by the Professors in these departments, which students may attend without extra charge.

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Iron, Peruvian Bark, and Choice Aromatics.

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This combination consists of Peppin (prepared from the stomach of the Pig), with the soluble Citrate of Bismuth, and one-sixtieth of a grain Strychnia to each fluid drachm. It has been employed with very great success in Dyspepsia, Gastralgia, General Debility of the System, and in all the numerous disorders dependent on want of tone and vigor of the stomach and digestive organs.

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Citrate of Iron and Peruvian Bark.

Prepared with Sherry Wine, Calisaya Bark, and Citrate of Iron; each fluid drachm represents two grains of the ferruginous salt, and the activity of five grains of Calisaya Bark.

Among the many chalybeate and vegetable tonic combinations that are justly entitled to a high degree of favor, we know of none more worthy of esteem than this. The happy effect, in many cases of debility, loss of appetite and general prostration, of an efficient Salt of Iron combined with our most valuable Nerve Tonic, has been so frequently demonstrated, that we feel every confidence in recommending it. For an adult, a teaspoonful immediately before or after each meal.

[Continued on next page.]

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Elixir Calceaya Bark, Iron and Strychnia.

Each teaspoonful contains one-fiftieth of a grain of Strychnia; this enhances the tonic power, and will be found a valuable adjunct to the other constituents, when a powerful nerve tonic is desired.

Each fluid drachm contains Calceaya Bark, two grains Iron, one-fiftieth grain Strychnia.

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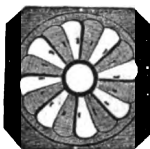
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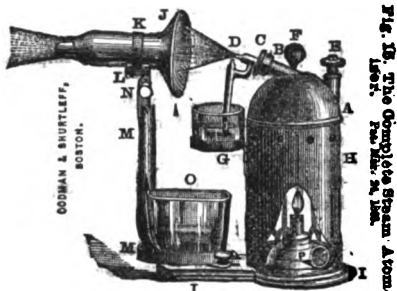


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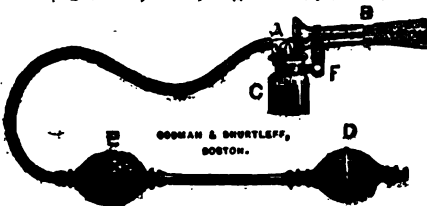
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Original Communications.

EPITHELIAL CARCINOMA.

An Abstract of Koester's (of Würzburg) recent Researches into its Nature. By EDWARD WIGGLESWORTH, M.D. Read before the Boston Society of Medical Sciences, Jan. 3, 1871.

IN the fortieth volume of *Virchow's Archiv*, I published some investigations into a form of tumor which I called "cancroid with hyaline degeneration," and showed that it was developed from the epithelium of the lymph vessels. I can show the same now for *cancroid* generally, but as this is not to be distinguished from cancer I prefer to designate it by the term *epithelial carcinoma*. In this group I include cancers of the buccal mucous membrane and conjunctiva, these being nearly always epithelial. The doubt ever increasing as to what we are to call "*cancroid*" shows its artificial separation from cancer. The more exact our researches histologically, and the more we regard relatively younger stages of development, the less difference we notice between the two. *Cancroid* originally designated a benignant new formation in the skin, of a warty character; although *Virchow** insisted that a papillary growth should be called *cancroid* only when within the diseased tissue or organ alveoli are formed which become filled with cells of an epidermoidal nature, the malignancy being dependent upon the association of the two changes. Gradually the importance of the former change became disregarded, and the change in the interior of the tissues considered as of primary importance, even according to *Virchow*, who alleges in support of his opinion the primary appearance of *cancroid* in bone.

A slight portrayal of the present condition of things and of my position in reference to the latest views upon cancer is all that I shall here attempt. An exhaustive examination of the nature of cancer and sarcoma, with an enumeration and careful

revision of the literature thereto appertaining, I leave for two standard works, which are already occupied with this subject, viz., the last volume of *Virchow's "tumors,"* and *Lücke's* elaborate treatise on tumors in *v. Pitha's* and *Billroth's* hand-book of surgery. To these may be added the various views in regard to the development of cancer collated by *Naunyn*, and with special reference to cancer of the skin, that most comprehensive treatise of *Thiersch*.

Simultaneously, however, with the adoption of these views, we break down the barrier between *cancroid* and *carcinoma*, since we find also in the tissues of the latter, cavities and alveoli filled with epithelial cells.* If *Virchow*† still holds to a difference between *cancroid* and *carcinoma*, while confessing that there are no settled boundaries to the two, he does it rather out of practical, i. e., clinical considerations, "since the *cancroid* is rarely, while cancer is usually, generalized." He considers, also, that in *carcinoma* the epithelial cells are contained in the meshes of a "newly-formed frame-work of connective tissue, which contains also vessels," while *cancroid* infiltrates only an old tissue. This, however, at least for cancers of an early period of development, is at variance with the views in regard to their development from connective tissue, according to which the commencement of both tumors must be the same.

Förster‡ states a further difference, viz., that in cancer there exists neither a fixed form nor arrangement of the cells, and that the cells are separated by an intercellular fluid, whereas in *cancroid* the arrangement of the cells is typically pronounced, and their form that of flat or cylinder epithelium cells, which, moreover, are cemented together.

Cornil, *Ranvier*§ and *Demonchy*|| while regarding both *carcinoma* and *cancroid* as epithelial tumors, "*tumeurs hétéradéniques*"

* *Virchow's Archiv*, Bd. I. p. 105.

† *Cellular pathologie*, 3 Aufl. p. 449.

‡ *Handb. d. Path. Anat.*, 2 Aufl. p. 388 ff u. p. 421 ff.

§ *Cornil, Journ. de l'Anat. et de la Phys.*, 1864 et 1865, et *Cornil et Ranvier, ibid.*, 1866.

|| *L'épithéliome pavimenteux*. Paris, 1867, p. 9.

[WHOLE No. 2242]

* *Ueber Cancroid und Papillargeschwulst*. Würzb. Verh. Bd. I., p. 106. Ges. abh. p. 1018.

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in the sense of Robin, hold nevertheless similar views. "Le carcinom est une tumeur formée d'un stroma fibreux dans les alvéoles duquel sont continues des cellules non soudées entre elles. D'autre part, l'épithéliome pavimenteux ou cancroïde est constitué par du tissu épithélial soutenu ou non par un stroma fibreux." These various differences have, however, never been fully recognized.

The practical results of this uncertainty in diagnosis are shown in the opinions with regard to the malignancy of cancroïd, which malignancy has been ascribed with every successive year to an ever increasing number of cases of cancroïd, simply because cancers were included. Thus, according to O. Weber,* the proportion of malignancy in cancroïd is 36.5 per cent.; according to Thiersch,† however, more than 50 per cent. result in death from return of the epithelioma. After the work of Thiersch appeared, in which he substitutes for cancroïd the old term epithelial carcinoma, it was necessary to be more exact, since histogenesis separated necessarily an epithelial from a connective tissue cancer, whereas if the epithelial nature of cancer cells is alone regarded, this must inevitably lead to the opinion recently pronounced by Waldeyer,‡ viz., that no difference exists between cancer and epithelial cancer, which opinion is properly merely a consequence of the theory of Thiersch and Remack with regard to the origin of epithelial formations. By an entirely different route I have arrived at the same conclusion, i. e., that there is no specific difference between cancroïd and cancer, yet though I include cancroïd under cancer, I am far from stating that all cancers are identical.

Formerly it was the general opinion that epithelial carcinoma was developed from the glandular organs of the skin, though anatomical proof was never offered.§ Then came Virchow's work on the connective tissue, parenchymatous inflammation, and new formations, and immediately everyone, especially Weber, Förster and Billroth, espoused the theory that cancer was developed from connective tissue. His work was so plausible that a hypothesis advanced in 1854 by Remack|| has been nearly forgotten. This was, that all epithelial formations must be developed from epithelial germs, just as, in the embryo, the skin,

mucous membrane and gland epithelium can only come from the two boundary membranes, the horny and the intestinal gland membranes. Remack admitted that he could not furnish the proof for the epithelium of the urogenital apparatus; this has, however, been done recently by His and Hensen, and since we know that under normal conditions connective tissue [middle germ membrane] does not possess the power of forming epithelium [horny membrane], it is improbable that other histogenetic laws prevail for pathological processes than for normal ones. Opposed to this is the fact that granulating sores cover themselves with epithelium formed from the connective tissue,* though Thiersch† thinks the formation is always from the epithelial periphery inwards.

Billroth‡ next espoused this theory of Remack and Thiersch, disregarding his own previous labors and following the hypothesis of Hoffman§ that cells from the rete Malpighi could wander to other parts of the body. Waldeyer|| next appears, and, going farther than all the others, attributes to all cancers an epithelial origin. Opposed to these views are those of His¶ with regard to the separation of true and false epithelium, or endothelium, which have at least this in their favor that they are based upon the actual development rather than on the various appearances of the epithelium. Nagnayn** describes the development of cancer and cancroïd as if from the epithelium of the gall-ducts. Langhans†† gives cancer of the lungs a double plan of development, from the epithelium of the alveoli and also from connective tissue. O. Weber,‡‡ while adhering to Virchow's views, thinks that the glands of the skin play a greater part than is generally conceded. So also Rindfleisch.§§ Klebs||| makes a supposition which is strange indeed, but which, nevertheless, may go far towards clearing up many histogenetic processes now involved in obscurity. He says the original formation of epithelial cancer is from epithelium; its development, however, is due to the infection of connect-

* Chirurg. Erfahr. Berlin, 1859, p. 307.

† Der Epithelialekrebs namentlich der Haut. Leipzig, 1865, p. 306.

‡ Virchow's Archiv, Bd. xii., p. 470 ff.

§ Thiersch's Epithelialekrebs, p. 18-30.

|| Deutsche Klinik, 1854, p. 170.

* J. Arnold. Mediz. Centralbl., 1867, No. 9.

† V. Pitha u. Billroth's Handbuch d. Chir., Bd. ii. 2, 2 Hft.

‡ Langenbeck's Archiv, Bd. vii. p. 848 u. p. 860.

§ Ueber Contractilitätsvorgänge im vordern Epithel der Froschcornea. Berl. Dissert., 1868.

|| Virchow's Archiv, Bd. xli. p. 470.

¶ Die Haute und Höhlen des Körpers. Basel, 1865.

** Archiv für Anat. und Physiol., 1866.

†† Virchow's Archiv, Bd. xxviii. p. 497.

‡‡ Chirurg. Erfahr. Berlin, 1859, p. 343, u. Krankh. d. Gesichts in v. Pitha's u. Billroth's Handb. der Chir., Bd. iii., Lfg. 2, p. 116.

§§ Lehrb. d. pathol. Gewebelehre, Lfg. i. p. 100.

||| Virchow's Archiv, Bd. xxxviii. p. 212.

ive tissue by epithelial germs; basing his assumption upon the observations of Recklinghausen with regard to the participation of two different individuals in the production of cells [conjugation]; and to this unnatural and unlawful coition he thinks may be attributed the strange parasitic formations called tumors.

These German opinions seem to be too exclusive for the French school. Cornil,* Ranvier,† and Demonchy,‡ hold that the cancer is an epithelial new formation, which, however, may arise both from glands and from connective tissue. The lymph vessels have thus far been regarded as merely paths for the hiding away of primary cancer, or, more recently still, as paths for its dissemination. The nearest approach to a reference to any direct relation between cancer and lymph vessels is perhaps where Virchow§ cites and criticizes some passages from Broussais,|| though even here it is doubtful if Broussais refers cancer to an inflammation of the lymph capillaries. The following passage is the one tending most especially in this direction: "Dans ces cas, que nous avons déjà notés (suppuration du tissu cellulaire), l'inflammation se perpétue dans les capillaires sanguins. Il en est d'autres où elle semble bornée aux capillaires blancs, indépendamment de l'affection simultanée des glandes et des faisceaux lymphatiques; c'est du moins ce que j'ai cru devoir conclure de l'examen de ce genre d'altération qui a reçu des modernes les noms de tissu lardacé, tissu squirreux, ou encéphaloïde." But even here it is only a participation of the lymph vessels which is spoken of. The first to actually point out the real connection between cancer and the lymph vessels was Recklinghausen.¶ He assumed that the cancrioid cylinders [cancroidzapfen] might be only the club-like swollen ends of the lymph vessels filled with cell proliferations from the connective tissue, or a mixture of these with proliferations from the epithelium of the lymph vessels, or even the latter alone. Later, in a discourse at Würzburg** upon a tumor of the under jaw, he no longer restricts his hypothesis to the endings alone of the lymph vessels, and in this tumor and another similar one from the orbit I was actually able to prove the development from lymph vessels, and even

from the epithelium of the lymph vessels, without participation of the connective tissue.* Recklinghausen called attention also at this time to the anastomoses of the cancrioid cylinders and to their cavities [Lumen] here and there recognizable, facts naturally very favorable to his hypothesis. My own observations have been made upon about forty cancers of the skin, either fresh or hardened, or treated with silver, generally in all three ways and in the most scrupulously careful manner.

In general the microscopic appearances in cancer of the skin are, I., variously formed bodies composed of epithelial cells; II., a stroma of connective tissue containing vessels, in which stroma the epithelial bodies are imbedded. In dry cancers this stroma nearly or wholly disappears: the epithelial bodies are crowded together and seem like solid masses of epithelial cells, which can nevertheless be picked apart into cancer cylinders, or into roundish bodies, in either of which we may find the "globes epidermiques," or "cancroid pearls," i. e., onion-like balls of epithelium formerly held to be essential to the diagnosis "cancroid." They are, however, often lacking, and here the cylinders consist of smaller, more succulent, polygonal, flat or cylinder cells. Cuts into the youngest part of the tumor, viz., the periphery, afford generally this appearance, and one can see that the cancer bodies are not isolated in the connective tissue stroma, but generally connected so as to form a network. This picture is not readily obtained with a weak magnifying power, nor from preparations made with alcohol and carmine. This network has been noticed also by Billroth,† Klebs‡ and Waldeyer.§

In some cancers this appearance may be found everywhere, e. g., in cancers of the eyelids, of the conjunctiva, and in rodent ulcers; in others, chiefly in the periphery, i. e., the portion most recently developed, so that the question of the development of these anastomosing cell-cylinders is really that of the development of the cancer itself. Supposing, as I do, these cell-cylinders to be changed or thrombosed lymph vessels, there are still other possibilities to be regarded, namely, I., the formation of cell bodies in the connective tissue which have grown towards each other and thus united; or II., the formation of new ducts from old glands; or III., the production of such cell-

* Jour. de l'Anat. et de la Phys., 1864-5.

† Même Journ., 1866.

‡ L'Épithéliome pavimenteux, Paris, 1867, 2 Planches.

§ Virchow's Archiv. Bd. I. p. 118, 1847.

|| Histoire des phlegmasies, Paris, 1822, 3 Edit. p. 21 et 28.

¶ Graefe's Archiv für Ophthalm., 1864, Bd. xli. p. 70.

** Sitzungsber. d. phys.-med. Ges. zu Würzburg, 1865-66, xv. Sitzung.

* Virchow's Archiv, Bd. xli. p. 468 ff.

† Langenbeck's Arch., vii. p. 863, Taf. xi. fig. 3 u. 4.

‡ Handb. d. path. Anat., Lfg. i. p. 103.

§ Virchow's Archiv, Bd. xli. p. 499.

cylinders from the bloodvessels. The first two I shall consider later, when I treat of the changes in the connective tissue and glands in cancer; the last deserves mention only as an unproved supposition of Steudener's,* and though in cancer we find changes in the bloodvessels, yet I have never seen its commencement take place in them.

Are the anastomosing cell-cylinders altered lymph vessels? These anastomoses are constant. That they have been overlooked is due to two causes: I., the preliminary hardening in alcohol or other media, or the employing of very different supplementary fluids and reagents in the examination of the fresh specimen; II., the general custom of making all sections of tumors perpendicularly to the surface. By the first method the most recent cell proliferations, which are also the most delicate while yet the most important, are in many cancers completely altered or even rendered invisible. Fortunately this is not a universal rule. The objections to perpendicular sections need only for their substantiation a few comparative trials on the part of the investigator. Plate I., fig. 1,† is a horizontal section from the margin of a flat epithelial cancer, and shows beautifully the cell cylinders anastomosing and passing into enlarged and thickly packed concentric bodies. Where the cancer sends knots into the subcutaneous tissue they should be freed from everything except the tightly embracing connective tissue, and a horizontal section will show how the growth of the knot pushes out the connective tissue and the lymph vessels which are still intact, causing them to arrange themselves concentrically around the knot, and pressing the lymphatic net-work more closely together. See Plate I. fig. 2. Some cancers, especially those of the eyelids and conjunctiva, and particularly when these sink deep into the orbital tissue, will show the anastomoses, no matter in what direction the cuts are made. Pl. I. fig. 6, and Pl. II. fig. 2. I would state here that the periphery where the cancer is still advancing is always the best place for examination; the flat epithelial cancers, the so called *ulcera rodentia*, the best adapted for examination; the least adapted being the fissured cancers of the lips. If we examine good preparations, Pl. I. fig. 1, 2, 5, and Pl. II. fig. 2, we obtain at once the impression of lymphatic net-work. The cell cords are of va-

riable thickness, with swollen and knot-like expansions, and meandering in their course; thick and thin cylinders are united, and the branch which connects them is now thicker and now thinner than the main trunk. Now a cord divides, uniting again perhaps farther on, and where several branches meet, we see the characteristic expansions. Above all we notice in many of the cords, especially in those where the cells radiate like cylinder cells, a very plain central channel or cavity [Lumen].

This cavity has already been remarked by Billroth, Klebs and others. Some consider it the cavity of an embryonic gland duct. This is impossible, if we are really dealing with lymph vessels. Others consider it the result of the fusing or melting of the central cells. But the character of the cavity disproves this; it is clean cut, as if bored out; the ends of the cells towards the cavity are unaltered, smooth and uncorroded; there are no remains of half-altered cells, and when the cavity possesses any contents, it is simply to all appearances a clot. The regular cylindrical arrangement of the cells also around the cavity shows it to be an original and not a subsequent formation.

As a rule, the cavity is bounded by a single layer of cells, more rarely by two or three. A greater number would intrude upon and obliterate the cavity itself, so thin are the cell-cords. Plate II. fig. 1 shows admirably a double layer, fitting each into each like the teeth of two cog-wheels. Where the layers of epithelium are not cylindrical, but flat, there is more difficulty, of course, in detecting this cavity, and it is best found by a cross-cut of the cords. This is, however, an additional proof of their origin from lymph vessels, which are generally not cylindrical tubes, but simply flat fissures, whose walls are too thin and contents too scanty to admit of any expansion. This bulging takes place after the loss of their contents and with the stiffening of their walls by the formation of cylinder cells which support themselves by mutual pressure like the stones of an arch, thus furnishing the most powerful opposition to any pressure exerted from the outside. Add to this that the vessel may be or may have long been filled with contents which prevented it from contracting and destroyed the elasticity of the surrounding connective tissue, and we see how a cell band may become a cell cord. Where it remains a band with perhaps only two layers of pavement epithelium separated by a cavity, this cavity may be proved by our having to

* Virchow's Archiv, Bd. xlii. p. 39.

† The plates referred to may be found in Koester's *Entwicklung der Carcinome*. Warzh., 1869.

shift our objective more than the width of the upper layer of cells before bringing the lower layer into view. In Plate II. fig. 5, such a band is shown, and here the epithelium assumes the spinous form [stachelzellen]. The tumor was from the bend of the knee, and the bands were too long to admit of the supposition that the contents had partially escaped anywhere, while the possibility of their being mere longitudinal cuts of a cell cylinder was disproved by the simple fact that they were bordered by connective tissue, both above and below. In this same tumor I noticed several long and even branching cell-cords separated longitudinally by a small artery, as is the case with lymph vessels.

Some authors have stated that the cell cylinders are surrounded by a *membrana propria*, which would be in favor of their development from glands. This error has arisen from the chemical reagents employed. For instance, by adding acetic acid to a preparation in which we have cell cylinders with radiating cells, the nuclei of the cells become darker and more evident to the eye, the protoplasm, however, clear and homogeneous, and the boundary lines of the cells nearly invisible. This protoplasm outside the outer row of cells, being distinctly bounded by the surrounding connective tissue, resembles a membrane. It is not to be isolated, however, and does not exist, and when picked apart gives up to each cell its proper protoplasm. Or, again, a small layer of the connective tissue close around the cell cylinder has become homogeneously mucous; acetic acid causes the cell cylinder to shrink, and the space left by it becomes occupied by the infiltrated and swollen connective tissue or by a glutinous substance expressed from it, and resembles a membrane. The same effect is produced by hardening in alcohol, especially when the cell cylinder has a distinct cavity, as has also been noticed by Thiersch* and others. This supports my theory, as such cell cylinders naturally could condense themselves into less volume than if they were solid, leaving the pseudo-membrane more evident. In the examination of fresh specimens the pseudo-membrane is never found.

A brief summary of the results we have thus far arrived at shows us that: I., in all cancers of the skin, and especially in their peripheral younger zones, may be found anastomosing cell cylinders; II., these anastomoses very often form a network

which in its appearance and dissemination resembles the network of lymph vessels, and seems to represent a cast of them; III., in these anastomosing cell cylinders there is frequently a round or flattened cavity, filled either with a mass which breaks the light but slightly, or with one resembling a clot; IV., in some cases bloodvessels permeate the cell cylinders; V., the cell cylinders are surrounded by no *membrana propria*.

Before we can be sure that these cell cylinders are merely altered lymph vessels, two more facts require proof, namely, the connection of the cancer cylinders with normal lymph vessels, and the development of the cells which fill the lymph vessels, and are produced in, upon, or instead of the walls of the same. The former I attempted to prove by means of injections through punctures, but failed, it being always the bloodvessels which became injected. I satisfied myself, however, of one thing, viz., that there was no connection between cancer cylinders and bloodvessels.

I next tried impregnation with silver, according to Recklinghausen's method. This does better if we remember that we are treating sections and not smooth membranes, and do not expect too much; for, though some tumors give a tolerable proportion of demonstrable preparations, others give but one in thirty or more.

The sections to be silvered need not be taken from a fresh tumor. Indeed, it is better to wait some hours before preparing them. Cuts should then be made from the periphery and horizontal. The silver solution should be $\frac{1}{2}$ per cent., and the sections should be left in about half a minute. While in the solution the sections should be moved about with the needle, to wash off any *débris* of cells or tissue fragments, or else gently brushed either in the solution or instantly in distilled water. If left longer in the water the cuts become worthless, and it would be better to brush them after the reduction of the silver. This last is often needful. The cuts are then to be laid in glycerine, though if put up for preservation in this they do not last. The action of the silver is the same here as everywhere. The connective tissue fundamental substance and the cement substance of the epithelial cells become uniformly brown, while the juice canals [saftkanälchen] and cells remain uncolored. The cell cords appear like bright bands in the brown stroma, showing only a fine network of brown lines, the colored intercellular cement substance of the cancer cells.

* Epitheliale Krebs, p. 139.

When the anastomoses are frequent, the cancer cords resemble exactly similarly prepared lymph vessels. Pl. III. fig. 1-3.

A comparison of fresh preparations with silvered ones from the same place, is a sufficient answer to any one who may regard the cancer cords as imbedded between the lymph vessels. There is simply no room for both; they must be identical. Moreover, where the silvering is imperfect, the cancer cells may be seen through the fragments of the silver lines or even as a continuation of them. Sometimes, in spite of the coloration of the intercellular substance, the cancer cells remain visible, together with their nuclei.

The best method to show the identity of the cancer cords and the lymph vessels is simply to remove a preparation from the silver solution and let it color itself under the microscope; the cells fade gradually from sight and the intercellular substance becomes bright, then gray or violet and finally brown. We find that the great epithelial cells of the lymph vessels are gone or altered; we find between the cancer cylinders only bloodvessels, never any lymph vessels, showing the cancer cords to be the altered lymph vessels; we find the arrangement of these silvered cancer cords corresponding to that of the lymph vessels, especially in the uppermost layer of the cutis, where they become thinner and send out terminal shoots into the papillæ, Pl. III. fig. 4; and also in their relations to the bloodvessels, with which they run parallel or over which they form bridges; and not unfrequently we find the smaller epithelial cells actually becoming larger, the silver lines growing clearer, more uniform, thinner, more deeply colored and meandering, till at length before our very eyes lie the large, long, polygonal or rhombic cells with wavy margins, just as in normal lymph vessels. This transition into normal lymph vessels may be gradual, Pl. III. fig. 3 a-c, or sudden, Pl. III. fig. 5 and 7, the latter showing a lymphatic loop in a papilla of the skin; and with this transition the cancerous degeneration, dark from the thickness of the cells, becomes clear and bright and white. Nor only in the proliferations of the cancer cords, sometimes even in the middle of their course, we observe places where the cancerous degeneration has not yet occurred. Pl. III. fig. 3 b. This is, moreover, no example of one sort of cells covering and concealing another, but an actual substitution, the very thin scales of lymph vessel epithelium losing in length and width what they gain in thickness as

they swell by the absorption of fluid, and taking on all sorts of epithelial forms from their mutual pressure.

By the treatment with silver we arrive, then, at these results:—

I. That the younger cancer cords and their epithelium demean themselves towards silver just as do the lymph vessels.

II. That they correspond perfectly to the lymph vessels in their distribution, arrangements and combinations among themselves, and in their relations to the bloodvessels and to the papillæ of the skin.

III. That they are not covered by normal lymph vessel epithelium; but

IV. That the epithelium of the cancer cords becomes larger and more indented, and passes over into normal lymph vessel epithelium.

From these we deduce

I. That the cancer cords are formed from the lymph vessels.

II. That the first cancer cells are altered lymph vessel epithelium.

It will be interesting, doubtless, to show how far the history of the development of cancer may be traced in preserved and fresh specimens, since the treating with silver is a laborious process. The tumors were preserved either in dilute alcohol or in Müller's fluid, the latter to be preferred, for though it must be renewed every few days to guard against the development of fungi, yet the cell elements, and especially the delicate epithelial cells, are better preserved by it. There are, however, very few tumors which keep well enough to allow our investigation of their entire development. The worst of all are the fissured cancers of the lips and all those which have a limited and localized field of attack upon the normal tissues; whereas cancers with mucous degeneration of the connective tissue usually keep very well. Acetic acid should not be used. Imbibition with carmine is of no use, except to beautify the picture. The preparations should be examined in glycerine, which clears up the connective tissue. If the tumor has been hardened in alcohol, the cancerous lymph vessels will be found much shrunk, and the difference and sharply defined boundary lines between the cancer cylinders and the connective tissue will be less marked or absent. The cancer cylinders themselves, however, are often more evident, especially if they have acquired a yellowish tint, shown exquisitely in Pl. I. fig. 2 and Pl. II. fig. 3 and 4, from a cancer of the cheek.

My special object in the examination of hardened specimens was to ascertain if cer-

tain sections [abschnitte] of the cancer cylinders could not be directly recognized as lymph vessels with normal epithelium which had become visible. Such I found in the cancer cords already described, consisting of two layers of flat cells, with a fissure-like cavity, showing well on cross section, but requiring focussing of the object glass when viewed on its flat surface, Pl. II. fig. 4. This is especially well shown where there is a defect in the upper layer, enabling us to obtain through this aperture a view into the interior of the tube. Pl. I. fig. 7 a and Pl. II. fig. 3 and 4. That these pale tubes are lymph vessels is shown by their form, size, mode of dissemination, branching, &c., the size and form of their epithelium with its indentations and irregularities. Nothing is lacking except the fine indentations shown after treating with silver, and these are probably the abnormal results of the silver treatment, since the same effect follows its use elsewhere.

There remain still two questions:

I. Does the further cell-proliferation of the cancerously degenerated lymph vessels proceed likewise from the epithelium of the same?

II. Does it proceed *solely* from these?

These questions will be best answered by an examination of fresh specimens, which in general give better results than those we obtain from the hardened tumors, though even the latter present no essential variations with the exception of the pseudomembrana propria already mentioned.

The fluids used in the examination of fresh specimens should be as indifferent as possible, salt water, solution of albumen, serum and aqueous humor, which are as indifferent as any mixtures of salt, nitre, carbonate of potash, &c., and yet every tumor is affected by each of them, often in a different way by each, individual tissue elements still more so, and most of all the young cancer cells which nearly all fade from sight after a short time. The boundary between cancerous lymph vessels and connective tissue is well shown in fresh specimens, especially in those cancers whose cells are succulent or cylindrical, Pl. I. fig. 6; Pl. II. fig. 1. It is least well shown in those cancers where the cells are spindle shaped, especially if at the same time there is much cell proliferation in the connective tissue, in which case we might believe we had pure sarcoma before us. In general the difficulty increases the more the cancerous lymph vessels approach their normal condition.

The conception of epithelial cancer cells

is quite extended, including pavement and cylinder cells, flat and even thick-bellied spindle cells, cells with proliferations, cells with granular protoplasm and without well-defined peripheries, &c. These all, however, pass over in many places into large, pale, long-polygonal, or rhombic epithelium, the protoplasm becoming clearer as they increase in size, the nuclei sometimes dull, sometimes well marked, but always preserving their contours, the nucleus corpuscles nearly always quite evident, and the peripheries of the cells in some cases showing knobs.

Several times I have seen cells, previously swimming free in the fluid used for investigation, arrive at a defective place in the wall of the cylinder, squeeze through and swim on inside of the tube; the microscope when shifted showing an epithelial wall both above and below them. This is rare, however, for a fresh preparation is lax at best, and when spread out upon the slide, the walls fall together, this being still further aided by the weight of the covering glass.

Where the cancerous degeneration proceeds from below upwards, I have several times detected these cavities beautifully shown from having been long distended by the fluid dammed up in them, which could not enter the cancerous vessels below, the connective tissue having thus lost its elasticity. Pl. II. fig. 9.

From our examination of fresh specimens, therefore, we arrive once more at the conclusion that the first cancer cells represent nothing else than the more or less altered epithelium of the lymph vessels. That the younger cancer cells produce of themselves new cells is shown by the increase of the nucleus corpuscles, and the constrictions and divisions of the nuclei. The new cells can of course divide again, which answers question number one with regard to the further cell-proliferation of once formed cancers. There remains the second question, viz., does any adjuvant cause exist for the further cell-proliferation of cancers already formed?

It is possible that connective tissue cells may thrust themselves between the already formed cancer cells and, according to the hypothesis of Recklinghausen, produce by conjugation a more active cell-proliferation. Biesiadecki has noticed such an intrusion recently in inflammation of the skin, and I have seen also spindle-formed cells between the cells of the rete Malpighi in the skin over a cancerous infiltration, and also in a syphilitic affection. Once also in small

amount between the epithelium of a cancer-cord.

This proves at least that cells of a contractile character can effect such an entrance. The primary stage of cancer is, moreover, sometimes accompanied by excessive cell development in the surrounding connective tissue, as instanced by Waldeyer. According to the recent investigations of Cohnheim, Hernig and others, cells not only in pathological, but also in physiological conditions, pass from the bloodvessels through the connective tissue, and into the lymph vessels; and, according to Recklinghausen, cells pass from the connective tissue alone into the lymph vessels, and appear there as lymph corpuscles. In cancer the obliteration of the lymph vessels would cause stagnation of fluids and cells, and heap up the cells which could no longer be carried away, whether formed in loco or arriving from the bloodvessels, which, I have already said, are generally dilated [ektatisch], a condition very favorable, according to Cohnheim, to the exit of the white-blood corpuscles. Then, too, with the growth of the cancer, the connective tissue contracts and disappears, and as we see no proof of the destruction of its cells by pressure or fatty degeneration, we may imagine at least that these may have been taken in and appropriated as cancer cells.

The "mucous infiltration," or rather degeneration of the connective tissue, most marked in the immediate neighborhood of the cancer cords, Pl. I. fig. 6, is best explained in the same way as the heaping up of the cells, i. e., by stagnation in the vessels, especially as it is most marked in the so called infiltrated cancers, where we have a large tract moderately affected, rather than an excessive local affection, by which former condition the formation of a collateral lymph-circulation is rendered less easy, while a diffused stagnation of fluids is favored.

ASTHMA BRONCHIALE. BRONCHIAL SPASM OF CHILDREN.

(Concluded from page 22.)

I COME now to the second question. Is the bronchial asthma of children an autonomous, essential form of disease—an independent affection of the bronchial muscles and the nerves controlling them, or is it only a catarrh, or a modification or symptom of catarrh?

The answer to this question is in part found in the question itself, but in order to

obtain a clear idea of the real nature of the disease under consideration, we must examine the matter with more care. This is no theoretical question, it has rather a very practical weight, for if once the idea of the disease as a bronchitis or catarrh fixes itself upon the mind, and holds a too prominent place, we shall easily be led into an inappropriate course of treatment.

The answer then, according to my belief, is that this asthma, even when it comes on with a catarrh, has nothing in common with it, but is an independent essential disease, appearing *sui generis*—and for the following reasons:

Thousands of children suffer from acute and chronic catarrh, with or without a spasmodic character, or from broncho-bleorrhœa, and yet the unavoidable irritation of the bronchial mucous membrane and its nerves does not cause reflex motion in form of bronchial spasm.

Also, when the bronchial spasm comes on with catarrh, we often see the spasm cease, and the catarrh continue for days and weeks without return of the former. This would indicate that the asthma is not the result of the catarrh, nor of the inflammatory irritation of the mucous membrane, but that here something else comes into play, a specific cause, different from catarrh, which makes the bronchial muscles contract.

It is true that, as the spasm of the bronchi cannot be directly demonstrated by physical symptoms, the spasmodic nature of the asthma might be doubted, and accordingly it might be maintained that the attacks were caused by hyperæmia, swelling or œdema of the mucous or submucous tissues, recurring at intervals or even typically. But aside from the improbability that an acute hyperæmia, swelling or œdema of the bronchi should return thus at intervals, nay typically as in my first case, during several weeks, and entirely disappear in eight or ten hours, our opinion as to the essential nature of the bronchial asthma would be in no wise altered, as we still must believe this presumptive periodical, acute œdema to have arisen not from the catarrh of the bronchi, but from something specific and peculiar to this asthma. 2d. The independent character, which we claim for our asthma, is made to appear probable, if only indirectly, by reasoning from analogy, if we observe how completely indifferent catarrh is to other well marked forms of spasm in the neighborhood of the respiratory organs. No one will claim that laryngeal spasm is caused by catarrh of the

larynx, but all will allow that complex causes of a peculiar kind come into play, and hence there is very often observed laryngeal spasm without catarrh, or, vice versa, laryngeal catarrh without laryngeal spasm. Nor would anyone maintain that the spasmodic attacks in tussis convulsiva are caused by the catarrh which accompanies or precedes them, but here again all will allow that some specific affection must have caused the convulsive inspiration and expiration which characterizes whooping cough. 3d. The action of the bronchial muscles in catarrh would tend to disprove rather than favor the idea that spasm of these muscles was caused by catarrh, for experience shows that inflammation and swelling of the bronchial mucous membrane diminish the contractile power of the bronchial muscles, the more completely, the longer they continue, and, as in capillary bronchitis, lead on to paralysis of these muscles and thereby a fatal termination. 4th. Neither the chronic catarrh, which accompanies emphysema of adults, nor emphysema itself, cause bronchial spasm directly, for extensive emphysema with severe chronic catarrh can exist for years without bronchial spasm; and vice versa, if the specific conditions are present, paroxysms of bronchial spasm occur with very circumscribed emphysema, as I have seen in two well marked cases, in consultation with Skoda and Oppolzer. 5th. If it be allowable to draw conclusions as to the nature of a disease from the effect of a curative remedy, we may adduce as an argument in favor of the nervous spasmodic nature of the asthma under consideration, the fact that of all remedies, the antispastics and nervines were the ones which showed themselves effective in these cases.

These arguments would seem to be sufficient to prove that catarrh has very little to do with the origin of asthma of children, and that the latter is an independent form of disease, and it is only by comprehending it as such, that we can arrive at a successful treatment.

PATHOGENY.

If the above attempt to prove the independence of bronchial spasm as a source of asthma has been successful, the question with regard to the nature and origin of the disease still remains unsolved. It therefore devolves upon us to seek out the immediate causes of the disease, in order to get a knowledge of its nature and mode of development. The ground-work for this is only to be found in the pathological anatomy, physiology and etiology of the disease.

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All pathological anatomical sources fail, for the cases which came under my observation ended with recovery. And even in a fatal case, on the supposition that the nervous nature of the asthma has been proved—there would be found in the bronchi a merely negative condition of things, or at best secondary disturbances in other parts, emphysema, passive congestion of the brain with its consequences, and finally, in chronic cases, hypertrophy and distention of the right side of the heart.

In all my cases, diseases within the thorax, as pleuritis, pleuritic exudation, organic changes in the heart, &c., could be excluded with certainty. Any diseases which could interfere with the vagus in its course, such as tuberculous bronchial glands, could hardly be considered as anatomical causes, for these are well known to cause paralysis, not intermittent spasms.

As for the *physiological* sources from which we are to obtain an insight into the process of contraction of the smooth bronchial muscles—they must only be trusted with caution as so much of this subject is still in obscurity. Indeed, we do not know with accuracy the nervous arrangement by which the smooth muscles of the bronchi are directly caused to contract, after irritation, for example, of the central extremity of the motor part of the vagus, or by irritation of the recurrent, and as little do we know the fibres of the sympathetic, which have the same effect. While some physiologists maintain that irritation of the peripheral end of the vagus in the neck causes contraction of the smooth bronchial muscles (just as it causes contraction of the laryngeal muscles and stops the action of the heart), others deny that this is the fact.

Thus Romberg maintains after Williams that irritation of the vagus causes narrowing of the bronchial tubes. Longuet claims that he has seen the smooth bronchial muscles contract on galvanizing the vagus; and, although Volkmann denies the truth of this, he confirms the contraction experimentally, by binding a tube in the trachea of a beheaded animal, and galvanizing the vagus, when a light, held in front of the tube, was blown out. On the contrary, Donders, Rosenthal, and others, deny that this contraction follows irritation of the vagus.

We see then that we know nothing with regard to the innervation of the bronchial muscles. Probably they are innervated, as all other smooth muscles are, by the sympathetic. This is seen in the fact that irritation of the vagus in the neck, causes far

less contraction of the bronchi than does irritation of the trachea, because here the contractions of the bronchi are directly caused by the ganglions of the sympathetic. But even allowing (what is denied by many physiologists, as I have remarked) that irritation of the vagus in the neck causes far less contraction of the bronchi than is caused by irritation of the trachea, this would still be no proof that the vagus innervates the bronchi, for fibres of the sympathetic are so abundant in the course of the vagus, that Volkmann has stated that the vagus is only a subdivision of the sympathetic.

We must therefore adopt, as the more probable supposition, that the reflex action which causes contraction of the bronchial muscles passes through the sympathetic nerves, and that the ganglions of the sympathetic are perhaps the centres of this action. For this reason we see also that bronchial spasm (hysterical asthma) is associated with those nervous affections in which the sympathetic takes a prominent part, as hysteria with spasm of the smooth muscles of the bladder, uterus, intestine, stomach, œsophagus, and cardiac orifice. I am acquainted with a case, as observed by Chrobak on Oppolzer's clinic, where there existed for a year and a half, as a result of a flexion of the uterus, a most perfect bronchial spasm, which, nevertheless, always disappeared instantly when the uterus was replaced, and always returned if the uterus resumed its morbid position, finally disappearing permanently with the use of a suitable uterine supporter. In contrast to this frequent participation of the bronchi in affections of the sympathetic, we find that under circumstances where the cerebro-spinal system is prominently affected, as in tetanus from strychnine, the bronchi act normally, just as do the heart and other involuntary muscles.

If, with our limited knowledge of the physiological causes of innervation of the bronchial muscles, we still wish to adopt some theory with regard to it, we may say that, even if we consider it as an established fact that irradiation (centripetal) and reflex influences pass from cerebro-spinal into sympathetic nerves, and that in this way irritations and disturbances which affect the spinal system can cause contraction of the bronchial muscles, yet in general we find that the muscles are most influenced when the irritation is applied to the whole sympathetic, or its nervous terminations in the lungs and bronchi themselves. For this reason we often see that, in case of adults,

the asthma which exhibits the best marked bronchial spasm, viz., that which is excited by chronic emphysema, is caused by a direct disturbance of the widely distributed, fine branches of the sympathetic in the lung.

As an addition to this physiological examination of the subject, which will hardly bear a strict criticism, I would mention a physiological process which Henle, in his rational pathology, adduces as an example of "sympathetic movement" of organic muscles of animal life. He maintains that the dyspnoea which is brought on by going up stairs or making other physical exertion, depends on the sympathetic contraction of the smooth muscles of the bronchi. Here, then, we see irradiation or reflexion from cerebro-spinal fibres into the sympathetic. So, also, the dyspnoea which emphysematous persons feel on going up stairs (even when they have no paroxysms of dyspnoea) may depend on the same kind of bronchial spasm, caused by "sympathetic movement."

ETIOLOGY.

We come now to the discussion of the etiological relations of the bronchial spasm. If we study these with reference to the immediate causes of the development of the bronchial spasm and its nature, it must be confessed that we obtain but little information.

The small number of my observations prevents me from drawing any safe conclusions which could furnish a groundwork for the etiology, whether concerning the age, sex or constitution of the parents or children, or the hygienic circumstances in which the children live. From what has already been said, we may attribute to the almost never-failing catarrh its just degree of importance, and, accordingly, it should be considered as one of the complex conditional causes of, and as occasionally giving the final impetus to, the disease.

The fact that all the children under my observation bore marks of anæmia, rachitis and nervous irritability, must not be considered of very great importance, and at most only indicates a predisposing cause. Thousands of rachitic, anæmic, weakly children suffering from catarrh and even from laryngeal spasm, are not troubled by bronchial spasm, in spite of their presumptive tendency, because the peculiar specific causes, themselves entirely unknown to us, are wanting. We must, then, confess our entire ignorance of the etiological conditions of this disease, just as we have not

the faintest idea of the causes of other nervous diseases of children, for example idiopathic convulsions.

DIAGNOSIS.

If we take a comprehensive view of the symptoms exhibited by the above five cases, we obtain so distinct a picture that the diagnosis may always be made without difficulty. I will, however, mention separately the pathognomonic points of the diagnosis.

1. The characteristic mark, which prevents any confusion in diagnosis, is severe uniform dyspnoea, lasting 8-10-20 hours, by which croup, pneumonia, pleuritis, bronchitis of the greater and smaller bronchi, œdema, &c., can be excluded with certainty.

2. The rapid development of the dyspnoea, without fever; without increase, and indeed with diminution of temperature; or, if a catarrh attended with fever was already present, the development and increase of dyspnoea, with diminution of fever.

3. The peculiar high fine whistling, hissing sounds, on auscultation, together with slight râles or none; or, in case the asthma was ushered in by catarrh of the greater or smaller bronchi, the disappearance of the râles, caused by the latter, and the preponderance of the whistling sounds.

4. The cough, for the most part laryngeal, but very slight; or, when the spasm was preceded by catarrh, the diminution of the cough as the asthma increased, and the increase of it as the asthma diminished.

5. The decrease of dyspnoea, and frequently its disappearance after 8-10, or at any rate after 20-24 hours, and at the same time increase of cough and frequently of râles.

6. On further observation, the recurrence of the dyspnoea at stated times, or indeed typically; and its disappearance again after a fixed space of time.

As pathognomonic marks of less value may be mentioned:—

1. The character and form of the dyspnoea, which have in a general way a great resemblance to those of croup. The degree of dyspnoea is such as is found in the most severe cases of croup, and there is frequently the same violent convulsive drawing-in of the epigastrium and false ribs, the same laboring of the accessory muscles in inspiration, and, in contrast to ordinary passive expiration, the violent action of the abdominal wall. Finally, the prolonged inspiration and expiration, and the noisy breathing, audible at a distance, which are also common to both croup and

bronchial asthma. But while in croup this is heard, with the unassisted ear, as a rough, coarse, whooping tracheal sound, it is in asthma a high whistling sound, sometimes combined with a fine râle. In croup we hear, on auscultation, that transmitted laryngo-tracheal sound which covers up the vesicular respiration, while in asthma there is to be heard on almost every part of the thorax a fine, high whistling, caused by air streaming with difficulty through the fine bronchi—a whistling which disappears as the attack ceases, and gives way to a rough respiration, with or without râle.

2. The dyspnoea in case of asthma continues more or less uniform through the whole attack, while in croup it is of very varied intensity, on account of the paroxysms of suffocation which occur at intervals, and after which the children wake from a state of coma in great agony and gasp for breath.

3. The poisoning of the blood with carbonic acid, which comes on very early, even in a few hours, and makes itself known by sopor.

4. The development of the disease without fever, or if fever is already present, the early disappearance of it, together with the advancing development of the asthma, which then frequently goes on to its end without fever.

The diagnostic signs hitherto enumerated ought to be sufficient to enable anyone to make a correct diagnosis, even in the first case which may come under his observation. I think it, therefore, as well to pass over the differential diagnosis, and would only remark, with regard to catarrhus siccus, with which we have become acquainted only lately, through Stein's work, that aside from the fact that the symptoms of asthma above described have but very little resemblance to those of catarrhus siccus, it is also to be noticed that, contrary to what was observed in Stein's cases, all my cases occurred in children of well-to-do families, in the most favorable hygienic circumstances—that all ended with recovery, and were very seldom chronic. In this peculiarity, the difference between the two diseases is shown clearly enough.

TREATMENT.

In reporting my five cases, I have given a hasty sketch of the treatment, and will now merely add a few words to complete the subject. With regard to the catarrh which often accompanies the asthma, it has been shown sufficiently well that this has only a secondary claim for treatment.

However general the belief on theoretical grounds that narcotics, such as morphia, belladonna, and cannabis Indica, diminish the spasms of muscles by relaxing them, as Romberg maintains—yet these drugs have in practice always shown themselves useless, at least in my cases.

Only quinine and musk have been proved to be, or supposed to be, of use, but they must not be used in too small doses.

As the symptoms are at times very urgent, and it may be necessary to alleviate the dyspnœa quickly, we may make use of large doses of quinia. I give in such circumstances, to children of one or two years, gr. vi. in course of 4-6 hours during the attack, or in typical cases two or three hours before it. I gave children of the same age gr. iij. of musk in course of 6 or 8 hours. If the medicine was vomited it was given in the form of an injection. If the dyspnœa is not diminished by these remedies, liq. ammon. anisatus can be tried, in solution $\text{℥i.} = \text{℥iii.}$ —one teaspoonful every $\frac{1}{4}$ hour. Ammonia stimulates the medulla oblongata, and so brings up its irritability, which has been weakened by the carbonic acid poisoning, and thus causes more forcible inspirations, by means of which the obstruction caused by the narrowed tubes is overcome. Among other remedies which I have tried, in order to relieve the spasm of the bronchi, I will mention the inhalation of infusum foliorum belladonnæ (gr x. = ℥iv.) with the atomizing apparatus. Its successful use in cases of spasmodic catarrh, led me to try it in asthma also. But I will not give a decided opinion about it till I have used it more frequently.

Chloride of bromium must be recognized as the most effective and reliable of the above remedies, and recommended as the first to be used in every fresh attack of asthma. Musk and quinine may always be used at the same time if the dyspnœa is pressing.

When the children refuse to take the chloride of bromium, or if they vomit it, which they rarely do, it may be given as an injection—gtt. iij. in water and valerian $\text{āā} \text{℥ij.}$ —one third to be given at intervals of an hour.

Finally, a word on prophylaxis. When we consider how little we know of the etiology of bronchial spasm, it will be evident that our attempts at prevention must be very limited.

We should at any rate regard catarrh as one of the etiological conditions of the asthma, and endeavor to guard the children against atmospheric influences, and invigo-

rate their constitutions. Anæmia, rachitis, and nervous irritability, as predisposing causes, must be treated with iron, &c.

ANOTHER REMEDY FOR HYDROPHOBIA.

By T. WILLIAMS, M.D.

IN proportion as a disease is incurable, it has been said, remedies and specifics for it multiply. This is as true of hydrophobia, as of consumption and cholera. The remedy to which I wish to call the attention of the profession now is not a new one, but it is one which, so far as I know to the contrary, has received very little attention from the profession; although it may have deserved a better fate than to be passed over in silence by nearly all the writers on materia medica.

The *scutellaria latifolia*, or common skull-cap, has, for an indefinite period, enjoyed the reputation of possessing anti-hydrophobic virtues among certain herbalists, and botanic doctors, and has long been a popular remedy among certain of our foreign population. Prof. C. H. Cleveland gives a formula for preparing a concentrated extract from the tincture of *scutellaria latifolia*, which is said to be an excellent nerve tonic, and is highly recommended in King's Eclectic Dispensatory in extreme depression of the nervous and vital powers. My attention was first specially called to the herb as a remedy for hydrophobia—both as a preventive and cure—by an old farmer of German descent. He had himself been bitten by a mad dog some years before, and had been advised to use the *scutellaria* as a preventive. This he employed in strong decoctions and in large doses. Circumstances obliged him to omit the medicine for a time, and spasms came on. Large draughts of the decoction were then repeatedly given, with the apparent effect of relieving the spasmodic action. He recovered entirely. I give this bit of information for what it is worth. It is possible that the plant may possess unknown properties, and it is, at least, entitled to a trial in such cases.

CHRONIC CATARRH.—The tincture of aconite, taken in five-drop doses every four hours, has cured this troublesome symptom when the ordinary remedies have been tried unsuccessfully. Opium has similar action in such cases.—*Medical Archives.*

Reports of Medical Societies.

BOSTON SOCIETY OF MEDICAL SCIENCES. J. ORNE GREEN, M.D., SECRETARY.

Oct. 4th, 1870. The Society met at the house of Dr. Ellis, Dr. Ellis in the chair.

Dr. Jeffries showed some specimens of human hair which had suddenly turned white. The lock of hair exhibited showed some hairs nearly black and some almost white. The young lady, aged 22, from whom the hair was taken, died of dysentery on the tenth day of the disease, and during the last twenty-four hours of life her hair was noticed to change and become gray. The case was a well authenticated one, the change having been noticed by many friends and by the physician who gave the specimen to Dr. J. The fact that the hair will thus lose its color in one night is well established by a case in *Virchow's Archiv*, in which the color changed from dark to gray, and the microscope revealed the cortical substance filled with air bubbles.

Dr. Greenough stated that Wilson had found air bubbles without any loss of pigment, not only in hairs which had suddenly become white, but also in those in which the changes had been gradual. In his own examinations of white hairs, however, which had been numerous, he could not confirm this observation of Wilson, for he had always found a loss of pigment, but never any air bubbles. From analogy, also, we should expect that such would be the case, for in albinos, where the pigment is wanting, the hairs are white; and also in spots on the skin, as sometimes seen, where the pigment is gone, white hairs are developed. Dr. G. also spoke of a fleece of wool, of which he had a specimen at home, in which the wool was striped transversely black and white; such cases had been reported by Wilson and Pincus, and the explanation given was that air entered the hair for a time from the follicles, then ceased, and then entered again. The wool in this case, however, showed, by the microscope, pigment in the dark and no pigment in the white portions.

Dr. White said it was not uncommon for pigment to be developed in any one spot for a time and then cease, but this did not continue alternately. He also called attention to the fact that barred hairs were characteristic of many genera of animals.

Dr. Ellis showed microscopic sections of

lung tissue to demonstrate the difference between pneumonia and miliary tubercle. The specimen of pneumonia was taken from an adult subject one year ago, and had been preserved in chromic acid and alcohol; that of tubercle from a boy twelve years old, who died of cerebral disease which showed itself only two days before death, and in whom there were no marked pulmonary symptoms. The specimens showed most characteristically the changes in the diseases. In the sections of the pneumonic lung the air cells were filled with the new cell-formation; in the tubercular specimen the air cells were distinct, unaffected and surrounded the solid and perfectly distinct mass of tubercle. By the naked eye also the minute opening of the bronchus could be seen in the centre of the tubercle.

In reply to Dr. Knight, Dr. Ellis said that the pneumonic and tubercular processes might be combined, as was the case in chronic phthisis.

Dr. Dwight asked whether it was possible, by examining the new cell-formation alone in the two processes without knowing its relations to the air cells, to tell the difference between the granular masses. Dr. Ellis replied that it was impossible; that when in Berlin he had satisfactorily proved the impossibility of recognizing tubercle by its appearance; that there was nothing typical in the tubercle corpuscle itself. The corpuscle of pneumonia approached nearer the so-called lymph corpuscle than the tubercle did.

Dr. Warren said that he had supposed that a detritus in the centre of a corpuscle was characteristic of tubercle.

Dr. Ellis considered this detritus only characteristic of degeneration; some miliary tubercles were perfectly translucent to the naked eye and did not show degeneration.

Dr. Greenough thought that this same opacity or detritus was seen in the gummy tumors of syphilis.

Dr. Warren stated that the proof of the position of the new cell-formation in the two diseases under discussion was that in pneumonia the granular masses took the shape of the air cells, while in tubercle they took rather the shape of the interstitial tissue. He could recognize no difference between the tubercle cell and the inflammation cell, and he considered them both to be similar to white blood corpuscles. A distinctive peculiarity of tubercle was that in the youngest forms, namely, the submiliary, we have evidences of fatty degeneration in the centre of the mass.

Nov. 1st, 1870. The Society met at the house of Dr. Homans, Dr. Hay in the chair.

Dr. Dwight read a paper entitled "An Instance of a so-called Endless Nerve, with remarks," and demonstrated the facts mentioned in the paper on a preparation from the upper lip of a seal and on a frog's cornea prepared with chloride of gold. [This paper will shortly be published in the JOURNAL.]

Dr. Amory then read a paper on "Asphyxia as one of the Causes of Anæsthesia," stating the grounds on which such a supposition was founded.

Dr. Waterman stated that the phenomena described by Dr. Amory as accompanying asphyxiation reminded him of those which follow the administration of cannabis Indica, especially the double consciousness and the great prolongation of time and space. In a case which he had himself observed, the thoughts of the person affected were influenced by his surroundings and by suggestions made to him; by suggesting disagreeable things the course of his thoughts was unpleasant, and by pleasing suggestions they became very agreeable.

Drs. Homans and Dwight had both observed this great prolongation of time, and Dr. Homans stated that in his own case it was followed by very great acceleration of the pulse, the pulsations reaching 180 and more per minute.

Dr. Jeffries narrated his own experience when once under water: it seemed, he said, as if he were the spectator of a panorama of his own life; he noticed the sense of repose, the double consciousness, the entire absence of fear, and finally a sensation of pleasure, as described in Dr. A.'s paper. In regard to nitrous oxide, he said that he had often wished to try it in some of the operations on the eye, but had felt uncertain whether the anæsthesia would be of sufficient duration. He had that day performed Passavant's operation for adhesions of the iris for the first time without any anæsthetic, and had found that seizing the iris in the forceps and dragging upon it was the most painful step in the operation. As this operation generally required to be repeated several times, it would be a great advantage if some anæsthetic could be used whose after effects were less disagreeable than those of ether and chloroform, as frequently the objection of the patient was rather to the anæsthetic than to the operation itself.

Dr. Amory stated that anæsthesia from the gas lasted for about four minutes, and could then be renewed without a return to

consciousness, and the patient could be kept insensible for ten minutes.

Dr. Lincoln remarked that in the case of asphyxia from partial drowning, reported by Dr. Amory, no mention was made of anything approaching the "agony" of suffocation. What that agony meant he had satisfied himself by holding his breath as long as possible, say for eighty or ninety seconds, until the sensations became intolerable. But the time required to deprive this lady of outward consciousness was but a few seconds, and a sort of dread—without the sense of suffocation—seemed to be the chief mental phenomenon during the first stage. If this was a pure case of asphyxia, there must be a very great difference in the degree of readiness with which different persons succumb to the influence of suffocation. It deserved to be noticed that there was just as wide a difference in the sensations of people who inhaled ether; some passed imperceptibly under its influence, while others felt a deadly sense of suffocation, even though the ether were carefully given.

Dr. Edes read a paper describing some observations of his confirmatory of Cohnheim's theory of inflammation.

Dr. Warren (he said) demonstrated to us last summer, some of the appearances seen in Cohnheim's experiments on the frog's mesentery; but time did not permit, on our part, of the careful observation necessary to see the essential point, that is the actual passage of a white globule through the walls of the vessels. The accumulation of white corpuscles inside the walls of the vessels and their appearance outside were not first observed by Cohnheim, but no one before him has described the passage through the walls. This phenomenon I was anxious to see for myself, and having obtained, by Dr. Warren's politeness, a supply of woorara, I set to work upon frogs.

I administered the drug, I think, to at least a dozen, keeping some of them 24 or 48 or more hours upon the stage of the microscope, and had occasion, once or twice, to inject the woorara for the second time. Into the lymph sacs of two I injected vermillion several times previous to exposing the mesentery, and observed many white corpuscles which had taken up the granules.

I was not, however, in any of these, at all satisfied that I had seen a single corpuscle pass through the wall of the vessels. The accumulation of them is very easily seen, and takes place, to some extent, within a very few minutes. Also, outside of the vessels, after a while, I could see

irregular forms, some still changing, others stationary. A few times I saw cells of a form which answer very well to the description of those which have passed through the walls and are moving away from them. A similar form is often observed inside the vessels, where a white corpuscle becomes adherent and is then pulled along by the current, so that a long, thread-like process is drawn out, and the corpuscle is anchored and swings like a buoy in a tide way.

Roloman Balogh, who denies the accuracy of Cohnheim's observations, speaks of the field being suddenly obscured by a multitude of white corpuscles, which he thinks arise from hæmorrhage. I have also been troubled in this way, and have no doubt that these corpuscles arise from a hæmorrhage, which, so far as I have seen; is, to a greater or less extent, almost inevitable. They swim over or under the mesentery, sometimes moved by the object glass coming in contact with the intestine, or some other accident. Why they should, as they sometimes do, separate themselves from the red corpuscles, is more than I can say; perhaps because coming from some vessel principally filled with them.

In fact, there seemed so many sources of deception, and the direct observation of what I wished to see seemed so difficult, that I was beginning to doubt the fact.

Finally, however, I was so fortunate as to see, within a short time, nine white corpuscles leave the vein within a limited space, and a portion of these I was able to make out, though less distinctly, on the outside. Three of these seemed to go through the same place, then I saw another disappear gradually in another place, two in another, and, finally, three near to the first three, though not all in the same place.

On the other side of the vein was a red corpuscle hanging half out and half in the vein, which did not change its position during the time I was observing it. Then a red corpuscle came down on the same side where the white ones had disappeared, and stuck flatwise to the wall. When I looked at this again, after a short interval, a little piece of the up stream end seemed caught in the wall of the vein; as if it had begun to go through. As to the appearance of the corpuscles outside the walls; it seemed that they were not round and distinct as within, but much more irregular and indistinct. When two or three had gone through at one place, it was not easy to separate them afterward. I felt no doubt, however, as to their having gone through,

instead of being washed away. Amœboid movements, though I have seen them within the vein, were, in the case of the corpuscles which I saw go through, usually very slight. I did not trace any cell making its way from the wall after passing through, though, as I said, the beaker-shaped cells, with long stems, were probably doing so. I did not look very carefully for this, having satisfied myself on the more important point.

I should not have thought of offering these remarks to the society had not my observations and the fact that some observers deny the truth of Cohnheim's observations shown that the essential point, namely, the passage of the cells through the walls, is not a perfectly simple affair to see.

Dr. Edes also showed a preparation received from Dr. Woodward, U.S.A., intended to show the epithelium and stomata in the vascular walls.

Dr. Warren said that after a great number of experiments he had observed the entire process, from the appearance of the corpuscle floating in the current of blood to its appearance external to the vessel wall, in only two instances, although he had very frequently seen the corpuscles fixed in the wall. There were so many disturbing influences from the vast numbers of corpuscles in the field, from their rapid movement, &c., that most careful and concentrated observation was necessary to observe the entire process.

Dr. White stated that Mr. Morton, a medical student, during the past summer had watched the white blood corpuscles pass through the walls, and on one of his preparations Dr. White himself had watched one corpuscle as it passed through, and had satisfied himself that the corpuscles do pass as described by Cohnheim.

Dr. Dwight stated that Prof. Stricker considered the walls of a vessel as merely a protoplasm without openings, and that the corpuscles worked their way through this as a fish through the water.

Dr. Warren said that Recklinghausen claimed to have seen the stomata in capillaries which had been injected with nitrate of silver. Recklinghausen had also claimed to have demonstrated the existence of stomata in layers of epithelium by carefully placing the diaphragm of a guinea-pig over a cork ring and on top of this dropping a little milk; he had thus seen the globules of fat pass through the epithelial layer into the sub-epithelial cellular tissue.

Dr. Warren exhibited microscopic sections of three different diseases of the rec-

tum, and described the appearances and characteristics of each. The first was a glandular adenoma, a polypoid growth of an innocent nature, consisting of acini lined with cylindrical epithelium, many of which opened upon the surface of the polyp. The second specimen was a cylindrical epithelial carcinoma, apparently taking its origin in the submucous tissue; it exhibited in some parts exactly the same acini, epithelium and spaces as the preceding innocent growth, but its malignant character was determined by the fact that on making sections in different parts it was found that this gland-like growth had invaded the deeper muscular layers, where it had lost its innocent glandular appearance and showed an irregularity in the form and arrangement of the epithelial cells. The third specimen was a carcinoma involving only the mucous membrane; it showed irregular masses of cells projecting far below the mucous follicles, towards the surface of the mucous membrane; where there was an ulceration these masses were larger and more broken up.

Dr. Ellis said that the most striking difference between the polypus and the first carcinoma was the uniformity in the character of the growth in the polypus and the great irregularity in the carcinoma, where could be seen first the glandular growth, then some other tissue, and then again the glandular tissue, an arrangement which could be found in no normal tissue; the outlines of the epithelium cells being brought out by the staining of the cement-substance between the cells.

Dr. Warren said that without regard to the cells, this uniformity in one and irregularity in the others was sufficient to characterize the innocency or malignancy of the diseases. He said that he was at first doubtful in the first carcinoma because the growth was quite regular in the parts first seen, but on making further sections the irregularity was seen and the malignancy of the growth determined.

Dr. Green called attention to Förster's definition of carcinoma, namely, that it is characterized by the fact that its cells, as regards their form, size and arrangement, belong to no decided type of tissue.

RHODE ISLAND MEDICAL SOCIETY.

THE quarterly meeting of the Rhode Island Medical Society was held in the Library Hall of the Rhode Island Hospital on Eddy street, on Wednesday, Dec. 21st. Dr. L. F. C. Garvin read an essay upon "Alcohol, considered as a Medicine and a Nutrient."

Dr. Garvin stated as the result of his experience in practice, that it was rarely beneficial to his patients, that it could not be considered a food, and that it simply arrested a waste of the tissues. He thought it should be classed with other poisonous drugs, and its sale restricted, like those, to druggists and apothecaries, and that it was the duty of every conscientious physician to teach the young it was a potent poison, and seek to banish its use from the homes he was called to visit. It was an able paper, and a strong argument against the use of alcohol as a remedy for any disease.

A lengthy discussion followed, after which Dr. Ariel Ballou, of Woonsocket, read a paper entitled "Recollections of Scarlatina as presented in a practice of 38 years."

In it, he gave an account of his experience with scarlatina as an epidemic since 1832, the progress of the disease, and the various changes in medical treatment of it up to the present time. Remarks relative to the former treatment of scarlatina as compared with the present were made, after the reading of Dr. B.'s paper, by Drs. Arnold, Carpenter and Capron. The Society then adjourned. On re-assembling, Dr. Charles O'Leary, of Providence, delivered an address on "The Claims of Clinical Medicine to be ranked as an independent Science." The thanks of the Society were extended to Dr. O'Leary for his able address, and it was voted that it should be published.

Dr. Clapp, of Pawtucket, then read a paper on Popliteal Aneurism, and illustrated it with a detailed account of a case which occurred in his practice. Miss A. E. Tyng, a practising physician, made an application to the Censors for admission as a member, which was referred to the Society for action. After some discussion, the ballot was taken and it was voted not to admit her.

Bibliographical Notices.

Spermatorrhœa: Its Causes, Symptoms, Results and Treatment. By ROBERTS BARTHOLOW, A.M., M.D. New York: Wm. Wood & Co. 1870.

THIS work presents in a concise form a well-written and exceedingly practical view of the subject which it treats. The author differs entirely from Lallemand in his opinion respecting the pathology of the disease. He admits the occasional existence of ulce-

rations and other morbid conditions of the prostatic portion of the urethra in cases of spermatorrhœa, but asserts that dissections fail to prove the almost invariable connection between the above lesions and the disease in question, which constitutes the essence of Lallemand's ideas of its pathology. He ranks it among the neuroses, to which class he shows that it properly belongs by a train of sound reasoning.

In his treatment of the disease he naturally regards the porte caustique with but little favor; and although he does not absolutely discountenance its use, he limits it to a small class of cases, and even in these he recommends injections as a safer method of obtaining the same result. He speaks favorably of circumcision in cases where an elongated prepuce acts as an irritant, and incidentally expresses an opinion that it would be well for society if the Jewish rite were made universal as a means of prophylaxis against syphilis. Of mechanical appliances he says but little, but evidently places his chief reliance in internal remedies and the observance of hygienic rules which vary in different cases. He pronounces the bromide of potassium to be the most efficient and certain of the anaphrodisiacs, but says that this drug will prove effectual in proportion to the degree in which structural lesions are absent.

The book contains but little more than one hundred pages, printed with clear type, and will prove a most valuable aid to the profession in the treatment of a class of cases which (particularly through the indifference and neglect of regular physicians, we fear) constitute a never-failing source of profit to advertising quacks. F. A. M.

of the edifice." Mr. Hill claims that he, while House Surgeon to the Lincoln Lunatic Asylum, first in 1835 or 1836, conceived the idea that an institution for the insane could be conducted without having recourse to the employment of any instruments of restraint whatsoever. In the establishment of this claim, we think Mr. Hill has shown himself the victor; indeed, the very person for whom injudicious friends claimed the honor, awarded it to Mr. Hill, and, what is more, lived and died without leaving a line in favor of his own claim. Numerous testimonials confirmatory of Mr. Hill's claims are appended to the book.

The American Practitioner: a Monthly Journal of Medicine and Surgery. EDITED BY DAVID W. YANDELL, M.D., AND THEOPHILUS PARVIN, M.D. Louisville, Ky., 1870. 2 vols.

THE bound volumes of our cotemporary, which we find on our table, comprise the monthly numbers of the journal for the year just closed. The American Practitioner was started in January, 1870, on the plan of the monthly conducted by Dr. Anstie, in London. It is a journal of therapeutics. Excluding all theoretical discussions, and all long details on every subject, its pages are filled by the editors with matter relating directly to the treatment of disease. We have always considered it a welcome visitor among our exchanges, and have made frequent extracts from its pages. We cannot fail to notice the chaste and beautiful dress in which the printer and the binder have clothed the volumes before us. They are, indeed, both without and within, worthy examples of our medical periodical literature.

Photographic Review of Medicine and Surgery. Edited by F. F. MAURY, M.D., and L. A. DUHRING, M.D. Philadelphia: J. B. Lippincott & Co. 1870.

WE have examined this beautiful little brochure with much pleasure. It will be published on alternate months, and will contain, as its title indicates, photographic representations of disease occurring in the Philadelphia hospitals. A descriptive text accompanies each photograph. Judging from the number before us, with its four photographs, it will be a work well worth a place in the library of every practising physician.

Lunacy: its Past and its Present. By ROBERT GARDINER HILL, F.S.A. London: Longmans, Green, Reader & Dyer. 1870. 8vo. pp. 113.

THE writer of this little book, while giving at some length a history of Lunacy and the advance made in its treatment, has for his principal object the defence of his own claims to the "non-restraint method." In no portion of the science of medicine has a greater change been made than in the care of mental aliens, in none has our progress been more conspicuous than in the recognition of our moral obligations, when we substituted a law of kindness for the practice of cruelty in the treatment of the insane. "The conception of abolishing all mechanical restraint ushered in the dawn of a new day—its practical success is the crowning

Medical and Surgical Journal.

BOSTON: THURSDAY, JANUARY 19, 1871.

IN justice to the gentlemen who have favored us with original communications, and to our readers, for whom we have on hand a large store of valuable articles from foreign and home journals, we feel obliged to yield our Editorial corner this week—also to add four pages to our usual space.

"FELLOWS OF THE MASSACHUSETTS MEDICAL SOCIETY, 1781-1870, ALPHABETICALLY ARRANGED."—The official list of the Fellows of the Society is before us. It has required the labor of a skilled hand for more than a year, and, to those accustomed to the daily use of such catalogues, shows a large amount of faithful work. The Committee on Publication, however, are sensible that errors and omissions must necessarily exist, and they request to be at once informed of such. In the last general catalogue, issued in 1854, there were 2005 names; in this there are 3057. There are known to be dead 1066, and there are about 1000 members alive and practising in this State, leaving about 1000 for honorary and retired members.

MESSEURS. EDITORS.—By turning to your file of the Boston Medical and Surgical Journal for October 24th, 1861, you will find the identical method for stopping an obstinate epistaxis, described in last week's journal, by Dr. Whitney—translated from the *Gazette des Hôpitaux*. On comparing the two accounts it would seem extremely probable that the "non-medical neighbor" quoted by Dr. W. may have got the suggestion originally from that source. The *Gazette* method is given in fuller detail than Dr. W.'s, and may be worth republishing.

January 13, 1871.

Ex.

ZURICH, Dec. 15, 1870.

MESSEURS. EDITORS.—Upon the 12th inst., the Swiss general government, being instructed in regard to the wishes of the Swiss physicians, passed by a large majority an act admitting a woman, "not only for the especial case, but as a principle," to the State medical examinations, thus opening

to her every medical society, giving her the possibility of attaining instructors' chairs, and rendering incumbent upon her every duty which a physician owes the State. The Swiss government has thus removed every official obstacle to the practice of medicine in Switzerland by a woman—obstacles from private prejudice will be few, since she is allowed to study with the young men who will be her fellow practitioners, and so has the opportunity to make them her friends.

By publishing the above you will greatly oblige, yours most respectfully,

SUSAN DIMOCK,
Student of Medicine.

DEATHS FROM CHLOROFORM.—Another of these accidents, where "no blame is attached to any party concerned," is chronicled in the *Hartford Evening Post*. Indeed, except in the matter of using chloroform in place of the less dangerous ether, all due precaution seems to have been taken. Chloroform was given in this case to allow the reduction of a dislocated humerus. Before administering it, the surgeon carefully examined the heart and lungs and found them apparently free from disease. The testimony of physicians present is that he used more than ordinary caution.

"Dr. — himself stated, in answer to inquiries, that the reason why he exercised his unusual caution in giving the chloroform was because of Mr. —'s habits as to the use of alcoholic stimulants, whereby his constitution was impaired. Dr. — also stated, in answer as to what he considered the cause of death, that he thought that the chloroform was the immediate or exciting cause, but that death would not instantly have occurred without a predisposing cause, such as some disease of the heart or other vital organs which could not have been detected. He also answered that deaths from chloroform were of more or less frequent occurrence, and that even this year, Dr. Simpson, the discoverer of chloroform [the italics are ours], had a patient die, to whom he himself was administering it, and that it had repeatedly happened in the hands of the most eminent surgeons."

There were reported to the Cincinnati Academy of Medicine, October, 1870, by Dr. W. W. Dawson, a recent case, and three others that had occurred in Cincinnati since 1848, and the "details of some five or six other unpublished cases" in the vicinity, known to him; by Dr. Ludlow an ad-

ditional case; by Dr. Stuart, of Fayette County, Ohio, two more cases—thirteen before unpublished cases.—*Medical and Surgical Reporter*, Dec. 10, 1870, p. 474.

THE CITY HOSPITAL REPORT.—The Trustees of the Hospital have constituted Messrs. Little & Brown the general publishers of the Report, and it can be obtained from them at a very low rate for a book of its value and size.

APPOINTMENTS.—Dr. Thomas Waterman has been appointed one of the physicians at the central office of the Boston Dispensary. The following gentlemen have been appointed house officers at the Massachusetts General Hospital for the coming year: medical, A. L. Mason and E. G. Cutler; surgical, F. A. Harris, W. J. Morton, W. Channing, Jr., and J. E. Tobey.

SPEAKING AND SINGING WITHOUT A TONGUE.—In the transactions of the Philosophical Society, published between 1742 and 1744, there is an account of Margaret Cutter, who, when four years old, lost her entire tongue from a cancerous affection; but who, nevertheless, afterward retained the power of taste, swallowing and speech, without any imperfection whatever. She not only spoke as fluently and with as much correctness as other people, but also sung to admiration, articulating with distinctness all her words while singing. What is not less singular, she could form no idea of the use of a tongue in other persons. This remarkable case was brought before the Royal Society, under certificates of attestation from the minister of the parish, a medical practitioner and another respectable citizen, well-known in Suffolk, where she resided. On account of the extraordinary character of the case, the society requested an additional report upon the subject, and from another set of witnesses, named by the society for the purpose, and for whom they drew up the necessary questions and marked out the proper course of examination. The second report coincided with the first in all particulars, and shortly afterward the young woman was brought to London, where she confirmed the account by personally appearing, and speaking and singing in the presence of the members of the Royal Society and many other persons.—*The College Courant*.

OBJECTIVE TINNITUS AURIUM.—Dr. Politzer brought before the Medical Society of

Vienna on June 10, 1870, a young girl from whose left ear a rhythmical ticking can be heard. This is perceived even when the girl is asleep, and had been lasting for the last five months. This sound must not be confounded with the ordinary subjective tinnitus aurium, nor with the noise which some people emit by contraction of the tensor tympani. The patient cannot stop the ticking, nor produce it when a pause has taken place. The sound, however, is no longer heard when the girl pronounces the German vowels *a* or *e*, nor when the velum is pressed upwards. Dr. Politzer believes that the ticking is caused by the tensor palati mollis pulling from the Eustachian tube to the velum, by drawing the mucous portion of the tube from the cartilaginous part. Dr. Gruber doubted this explanation, and would refer the ticking to the action of the tensor tympani.—*Lancet*.

NEW TEST FOR ARSENIC.—Bettendorf has found a test so delicate that one part of arsenic in 1,000,000 parts of solution may be detected, and the presence of antimony does not affect it. To apply this test the suspected liquid is mixed with hydrochloric acid until fumes are apparent. Chloride of tin is then added, and a basic precipitate containing the greater part of the arsenic as a metal mixed with the oxide of tin is thrown down.—*Cincinnati Med. Reporter*.

THE FORCE OF UTERINE CONTRACTION.—The extreme force of uterine contraction produces a pressure of 3,402 lbs. per square inch, which is equivalent to a pressure of 54,106 lbs. acting upon a circle of $9\frac{1}{2}$ inches in diameter, which is assumed as the average area of the pelvic canal. The maximum force used to expel the foetus, by both uterine and abdominal muscles combined, is estimated by Soulin, by forceps experiments made on the dead body, at 110.23 lbs., a result which is regarded by Dr. Duncan as too large. Dr. Duncan considers 80 lbs. as the maximum force ever employed in difficult cases. This would correspond with an hydrostatical pressure inside the uterus of 5.05 lbs. per square inch, which is greater than the uterine muscles, unaided, are capable of producing.—*Dublin Quarterly Journal Medical Sciences*.

DR. PURDON (*Journal of Cutaneous Medicine*) thinks iodide of lead ointment very useful in some varieties of psoriasis, in tinea circinata and in scrofulous affections.

Medical Miscellany.

TUBERCULOSIS AND CANCER.—The correlation of these diseases has been for some time past the object of anxious thought on the part of medical men. Facts have so distinctly obtruded themselves on the attention of observers that the mere collection of cases will go far to establish a relationship between tuberculosis and cancer. Among the most intelligent physicians who have clinically studied the subject is Dr. Burdell, of Vierzon, in France. On the 17th of May last he read a paper before the Academy of Medicine of Paris, in which it is stated that the diseases have been observed in more than one hundred families, both by the author and his father, to whose practice he has succeeded. It was found that parents affected with cancer had children who presented the tubercular diathesis. Dr. Burdell's memoir is remarkable, not only for the care with which the statistics were collected, but also for the sober manner in which theorizing is attempted. The facts speak so forcibly that the profession cannot fail to be struck by them. It would be well if one of our societies would next winter appoint a committee to receive reports from medical men all over the country, respecting their experience on this important subject. —*Lancet*.

NEW METHOD OF DETERMINING THE PRESENCE OF ALBUMEN IN URINE.—Meynott Tidy recommends, for the determining the presence of a small quantity of albumen, the use of phenic acid. Equal volumes of acetic and phenic acids are mixed. Observe if the addition of a drop of this mixture to water produces a precipitate. If not, the mixture can be employed to discover albumen; if, on the contrary, the test succeeds, add to the liquid acetic acid till it no longer renders water turbid. This reagent will demonstrate the existence of albumen in fifteen thousand times its volume of water, while nitric acid ceases to show albumen when it is diluted eight thousand times. —*New York Medical Journal*.

ACTION OF DIGITALINE UPON THE MOVEMENTS OF THE HEART. (MEYER).—The author draws a new theory of the action of digitalis upon the movements of the heart from his experiments upon dogs. After the injection of from 18 to 36 milligrammes of digitaline into the veins, the pulse diminishes in frequency, while the arterial pressure is considerably augmented, whence the author infers that the retardation of the pulse is the consequence of the increased arterial tension which produces an excitation of the encephalic origins of the vagus nerve.

Meyer explains the augmentation of the sanguine pressure by the specific action of digitaline upon the cardiac muscle. Now it is known that in intoxication from digitalis, the heart remains tetanized after death. The muscular labor of the heart becoming more active, the arterial tension is increased in the whole circulatory system. —*Jahresbericht, 1870, B. 1. Abth. 1.*—*Lyon Medical*.

POISON IN SNUFF.—Dr. Garrod lately lectured at King's College on a case of lead-poisoning in

which the mineral was taken in snuff. It was rappee that the patient habitually took, and the damp snuff packed in the usual lead cases converted some into carbonate. The symptoms were serious, and with difficulty traced to their real source. Then several packages were purchased and found to be contaminated with the poison. Snuff-takers would do well to take this important lesson to heart, and the profession is hereby reminded of the subtle manner in which lead is apt to be conveyed into the system where in time it is sure to give rise to its injurious effects. —*Dublin Press and Circular*.

TO CORRESPONDENTS.—Communications accepted:—An Instance of a so-called Endless Nerve.—Report on the Hospital for the Ruptured and Cripple, New York.—Ready Method of Cranial Comparison.—Surgical Cases at the Boston City Hospital.—Case of a Foreign Body remaining four Years in the Lung.

BOOKS AND PAMPHLETS RECEIVED.—Satan in Society. By a Physician. C. F. Vent: Cincinnati and New York. Pp. 412.—Transactions of the American Ophthalmological Society. Seventh Annual Meeting, Newport, July, 1870. (From Dr. H. D. Noyes, Recording Secretary.) Pp. 151.—Transactions of the Wisconsin State Medical Society, 1870. Pp. 131. (From Dr. H. P. Strong, President.)—The New York Observer Year-book and Almanac for 1871. Pp. 200. Price \$1.

Deaths in eighteen Cities and Towns of Massachusetts for the week ending Jan. 14, 1871.

Cities and towns.	Total.	Consumption.	Pneumonia.	Typhoid Fever.	Scarlet Fever.
Boston . . .	116	11	14	4	4
Charlestown .	10	1	3	2	0
Worcester .	10	6	2	1	1
Lowell . . .	23	3	1	3	2
Milford . . .	2	0	0	0	0
Chelsea . . .	7	1	0	0	2
Cambridge .	9	1	0	1	0
Salem . . .	9	1	1	1	0
Lawrence . .	7	0	0	1	2
Springfield .	3	2	0	0	0
Lynn . . .	11	4	2	0	0
Fitchburg . .	4	2	0	0	0
Taunton . . .	7	0	0	3	0
Newburyport .	9	3	1	0	0
Somerville . .	4	1	1	0	0
Fall River . .	11	1	5	2	0
Haverhill . .	2	0	0	0	0
Holyoke . . .	7	1	1	0	0
	265	38	31	18	11

Seven deaths from croup and diphtheria occurred in all the above-named places. Holyoke reports eight deaths from smallpox in the past two weeks; the deaths of the last week (four) were all of young children.

GEORGE DERRY, M.D.,

Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, Jan. 14th, 116. Males, 63; females, 63. Abcess, 1—apoplexy, 2—aneurism, 1—disease of the bladder, 1—inflammation of the bowels, 3—bronchitis, 1—congestion of the brain, 1—disease of the brain, 6—burned, 1—cancer, 4—canker, 1—cerebro-spinal meningitis, 1—cyanosis, 1—consumption, 11—convulsions, 3—debility, 6—dropsy, 1—dropsy of brain, 6—drowned, 1—diphtheria, 3—epilepsy, 1—erysipelas, 1—scarlet fever, 4—typhoid fever, 4—disease of heart, 3—hemorrhage, 1—intemperance, 3—disease of the kidneys (Bright's), 2—disease of the liver, 1—congestion of the lungs, 3—inflammation of the lungs, 11—marasmus, 2—old age, 5—paralysis, 3—pleurisy, 1—premature birth, 1—puerperal diseases, 4—rheumatism, 1—scrofula, 2—smallpox (Gallop's Island), 1—tetanus, 1—unknown, 5.

Under 5 years of age, 40—between 5 and 20 years, 12—between 20 and 40 years, 21—between 40 and 60 years, 23—above 60 years, 20. Born in the United States, 74—Ireland, 29—other places, 13.

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Dr. Edward Jarvis, Dorchester, Mass.
Dr. H. M. Knight, Lakeville, Conn.
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88—1y.

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May 30, 1868.

Ja. 11—4.

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Whole No. 2843. }
Vol. LXXXIV. }

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{ New Series.
Vol. VII.—No. 4.

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HARVARD UNIVERSITY. Medical Department, Boston, Mass.

SUMMER SESSION....1871.

THE regular Course of Summer Instruction will begin at the Massachusetts Medical College, North Grove Street, Boston, on March 13th, and continue until the next Winter Course of Lectures on the first Wednesday in November. The Session is divided into two Terms by the summer vacation of two months. Gentlemen who finish their undergraduate course during the summer months, should join the Medical School at the beginning of the Fall Term, Sept. 11th; their requisite three years of study being thus completed in time for the special examination for medical degrees, which precedes the annual commencement at Cambridge.

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HENRY W. WILLIAMS, M.D., Lecturer on Ophthalmology.

GEORGE DERRY, M.D., Lecturer on Hygiene.

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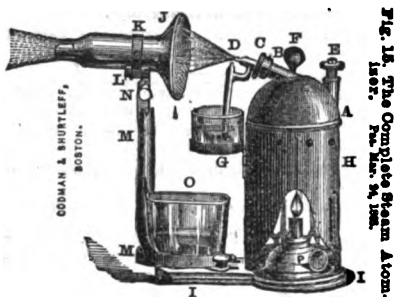
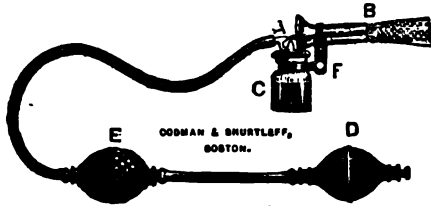


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THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, JANUARY 26, 1871.

[VOL. VII.—No. 4.]

Original Communications.

CASE OF ECLAMPSIA, BEFORE AND AFTER LABOR, FOLLOWED BY PERITONITIS, FATAL ON THE FOURTEENTH DAY.

Read before the Obstetrical Society of Boston, Nov. 9th and Dec. 10th, 1870, by JAMES AYER, M.D.

Mrs. F. A. L., aged 32 years, four years married, eight months advanced in her first pregnancy, of a large frame, though somewhat anæmic, of an excessively nervous temperament—and a sufferer for several years from disease of the kidneys, with constantly abnormal, and frequently bloody urine. Her father had died, I was informed, from an affection of the kidney, and several members of her family had urinary troubles, more or less severe. I had no acquaintance with her previous to my first visit, which was made Wednesday, Nov. 9th, at 9 o'clock. I found the patient in a state of somnolence and entire unconsciousness, following a severe convulsion. A young homœopathic physician from the neighborhood, who was called in the emergency, was present, and gave the following account of the case: He was called the same day, soon after dinner, and found Mrs. L. suffering from gastrodynia, after a hearty meal imperfectly masticated by reason of the defective condition of her teeth. He administered, by his statement, morphia gr. ss. in divided doses with partial relief; afterwards he administered an emetic, which operated freely, and brought up beefsteak in large pieces, and a quantity of green apple. At this time the patient had two spasms; subsequently a severe convulsion occurred, in which the whole frame was shaken, and the head drawn over the right shoulder.

For these symptoms belladonna and aconite were administered in homœopathic doses.

At the husband's request, I assumed charge of the case. Her abdomen was not particularly large; nor had the tumor fallen, as would be expected immediately before labor. The bowels were tympanitic, though flatus was freely passed. The pulse was of

VOL. VII.—No. 4

good strength, though somewhat accelerated. Soon Mrs. L. began to arouse, and complained of soreness of the tongue, from having been bitten in the "fit." The bowels had not moved for the day, and there was no stain of urine on the bed, though the bladder was not distended. The following prescription was sent:

R. Potass. bromid., ʒij.;

Ammonia, ʒi.;

Aquæ camphoræ, ʒij. M.

A teaspoonful to be given in water every hour, and brandy and water for drink.

Seeing no particular benefit to be derived from bleeding, it was omitted. At 10 o'clock, patient complained that "she could not see," and exhibited tremor of the hands; but this soon passed away, and consciousness remained. This slight attack was soon repeated, and its effects soon passed. There was occasional retching, but nothing vomited. The uterus gave no sign of contraction when pressed. At 10.30, she again complained of failing vision, became very restless, and very soon a violent convulsion followed. This, like the former, was succeeded by the somnolent stage, and consciousness was subsequently restored. Short naps, interrupted by nervous twitches, followed. The patient became so quiet and comfortable that I left her at 1.30 in the morning for home.

Thursday, 8.30, A.M.—Mrs. L. reported to have slept, unquietly, till 4 o'clock, when she complained of pain and vomited. A convulsion followed, which was soon repeated to the number of five before my visit. The attacks were represented as very severe. I found the pulse 90 per minute, and moderately strong. Catheter was passed, bringing 3 oz. dark, bloody urine—with ammoniacal odor.

Uterine examination revealed the os low down in the upper strait, and dilated to the size of a silver dollar. The contractions were occasional; and soon the membranes were distinctly felt, with abundant fluid. The abdominal tumor had decidedly fallen. Soon the pains recurred at intervals of 10 minutes, and the os rapidly yielded. Soon the cranial bones could be distinguished,

[WHOLE No. 2243]

then anterior fontanelle and sutures—occipito-pubic presentation. The pelvis was roomy, and the diameters abundant. Sulph. ether was inhaled at every pain, and the labor proceeded favorably till 11 o'clock, when the head was well down on the floor of the pelvis. At this point the pains subsided. No evidence of foetal life could be gained by the ear or otherwise. Waiting till 12 o'clock, and finding no return of pain, I went home for instruments. Returning in an hour, I was surprised to learn that the child, a female of eight months, and placenta had just been delivered. A careful lady had charge in my absence, who asserted that there was neither pulsation of the cord, or slightest indication of life in the child. The usual applications for restoration were resorted to, but without avail. The weight of the child was probably about 7 pounds.

A convulsion soon followed, and three or four more succeeded with short intervals. Ether was freely used at every attack. Moderate hæmorrhage followed the delivery, and the uterus readily took on normal contractions. The pulse was 90 per minute, and weak.

At 3.30, P.M., pulse 85 and stronger; patient conscious, with decided jaundice of face and chest: no convulsions since last visit. At the evening visit, Mrs. L. was comfortable, and no convulsions; she was nervous, and restless, but had slept a little. The after-pains continued to trouble her. As there had been no dejection, an enema was ordered, but the patient was so restless it was found impracticable to administer it.

Friday morning.—Patient asleep—more conscious and quiet when awake—had slept some through the night. No dejection; pulse 96 and fuller; urine had passed, and gas—slight vomiting in the night; the vulva was tumid, and the abdomen swollen and tender—lochia free; patient refused drinks or food, but sipped a little brandy and water, and beef-tea.

R. Ol. tigllii, gtt. v.;
Ol. ricini, ʒi.;
Syr. simp.,
Syr. aurant., aa ʒss. - M.

Give a dessertspoonful at once—and repeat a teaspoonful hourly till operation.

Prompt relief of the bowels appeared necessary, and the above brisk purgative was thought to be justifiable.

Evening visit.—The cathartic, by giving it twice, had operated promptly; the retching had ceased, and condition of patient improved, though she utterly refused food

or drinks. She was conscious, yet nervously obstinate. The skin of entire body a bright yellow, or gold color. The urine free—a specimen of it was tested, and found of normal character.

Saturday, 19th.—More conscious and comfortable. The erythema which appeared after the appearance of jaundice two days before, was beginning to fade. The hicough, which had been troublesome for two days, was less annoying—urine free. Evening visit omitted.

Sunday, 20th.—Patient nervous and semi-conscious—skin dry—pulse 120—tossing and jerking the head—indisposed to talk—urine free—discontinue quinine.

At evening visit, all the morning symptoms were found aggravated—patient partially comatose.

Monday, 21st.—Comatose condition continues—yet recognizes physician and family—pulse 108—refuses all drinks. Swelling of abdomen entirely gone, and no tenderness—lochia discharge ceased—urine free, but involuntary; bowels open. The jaundice of skin subsiding. At evening visit her skin was dry, and she was semi-comatose, with dry and darkly striped tongue. The typhoidal symptoms gradually accumulating since Saturday have now become well pronounced.

Tuesday, 22nd, morning visit.—Patient decidedly comatose, difficult to arouse her; tongue brown and dry, with sordes on the teeth; pulse 120, weak. Difficult to give liquids, even in small quantities.

Evening visit.—One dejection during the day; urine free, but involuntary; coma more profound; pulse 120, and weak; skin clammy, and cool extremities.

Wednesday, 23d, at 9, A.M., Mrs. L. died. The night had passed without special change, except deeper coma and increased coldness of surface. There was no trouble about the breasts after the confinement—slight swelling, and but little secretion of milk. No autopsy was made. Death occurred on the fourteenth day.

There are several points in this case deserving attention.

1st. Advanced age, 32 years, for first pregnancy.

2d. Temperament—excessively nervous.

3d. Previous disease of kidneys, of chronic character, and apparently hereditary in its nature, as the father had died of it, and other members of the family had suffered.

4th. The favorable labor through which she passed, and freedom from convulsion—under ether.

5th. After the peritonitis had apparently

passed, and for two days, patient appeared convalescing, and quite conscious—suddenly coma supervened, with typhoidal symptoms, which soon terminated fatally. May not this be attributed to the uræmic poisoning on the brain, suspended by the labor, and afterwards by peritonitis, and then returning with renewed power? I regret that I had no opportunity to know the precise character of the kidney affection; the first specimen of urine drawn, and shown to the society, contained blood. If it was albuminous, the blood would conceal it; the second sample, several days after confinement, was not albuminous, and nearly normal. It is highly probable, yet not proven, that the urine during pregnancy was albuminous.

Looking up authorities, I find that Hippocrates states that convulsions arise from repletion or evacuation. Galen, admitting these causes, argued for a third, namely, irritation occasioned by a morbid humor. Aëtius adhered to a similar arrangement, but held that the third of these pathological conditions performed the principal part.

In nervous temperaments, local pain or irritation, or even exhaustion alone, may induce that state of cerebral affection upon which convulsions are consequent.

Eclampsia lacks some of the features of true epilepsy, e. g., the scream on the attack and foaming at the mouth, and rapidity of the sufferer's return to consciousness. Ramsbotham and other writers assert that puerperal convulsions were frequent during warm electrical states of the atmosphere. A large majority of cases are first pregnancies.

Churchill's statistics give—

In 602 cases, 1 case of convulsions.

In 165 cases of convulsions, 45 mothers lost, or more than one-fourth.

Dr. Lever, of London, pointed out the fact that there was albumen in the urine of women attacked by convulsions, and, in his experience, almost universally so.

The fact is of the first importance, and gives a key to preventive treatment.

Dr. Tyler Smith has thrown light on the pathology of this disease. The causes he considers: 1st, centric, e. g., pressure on the medulla oblongata from congestion, coagula, serous effusion within the cranium, loss of blood, morbid elements in the blood, or even emotion; or, 2d, excentric—acting on extremities of excitor nerves, e. g., irritation of spinal nerves of uterus, bladder, &c.

Cazeaux has entered more freely into the subject, and more satisfactorily, than any

modern author on midwifery. His views coincide with those of Lever, just quoted. He says that eclamptic patients are almost always affected with albuminuria—yet pathological inquiry fails to establish a satisfactory connection, as cause and effect. "The presence of albumen in the urine," he observes, "does not constitute a disease; it is but the symptomatic expression of a local lesion, or of a general affection of the economy. The latter are doubtless capable of producing eclampsia, as they had already caused albuminuria. Though all eclamptic patients have albuminuria, it does not follow that albuminuria, however severe, necessarily gives rise to convulsions. Much progress, by recent inquirers, and by no one more so than Cazeaux, has been made in the study of this interesting and mysterious affection.

REPORT OF PASSAVANT'S OPERATION, WITH AND WITHOUT ETHER, AND ALSO UNDER NITROUS OXIDE.

Reported at the Suffolk District Medical Society, Nov. 26th, 1870, by B. JOY JEFFRIES, A.M., M.D.

SINCE my report to the Society and publication in this JOURNAL of Sept. 15th, 1870, of the results of thirteen Passavant's operations for breaking up posterior synechiæ, or attachments of the iris to the capsule of the crystalline lens, I have employed it seven times, namely in the following two cases:

A woman has had chronic irido-choroiditis, and as sequelæ, some four or five attachments of the iris to the capsule. Around these the pupil dilates, showing the iris tissue to be still good. There is constant trouble from the eye, aggravated I judge by the dragging of these posterior synechiæ. Therefore, under ether, I broke away two that were close together at the upper side. After breaking one, and the aqueous had escaped, I found no great difficulty in pushing the point of my closed forceps between the iris and the cornea, against which it of course laid, to reach the next one close beside it. In a few days I broke another at the opposite side of the pupil, also under ether. The patient was rendered quite sick and uncomfortable by the ether, so much so that I proposed to her trying to break the next without anæsthetic. This she consented to, and I succeeded without difficulty. She did not complain of the pain as being very great, the dragging on the iris seeming to be the most painful part. That it was not severe was certainly proved by her preferring to have the fourth and last

operation also done without anæsthetic. With a little care and command over the patient, I had no difficulty in holding the eye sufficiently steady. A compressive bandage was each time left on over night. The aqueous humor is, however, much sooner resecreted and the corneal wound closed. The patient went back to her occupation in a store within 48 hours after the last operation, the eye now being hardly if any troublesome.

Another case was that of a man injured by the premature discharge of a blast. The face and eyes were full of powder. He has had traumatic iritis in the left eye, and atropine showed three broad posterior synechiæ. Both corneæ were so filled with powder, and the eyes in such a bad condition, that I judged it best to remove as many of the grains of powder as possible, and for that purpose kept him under ether some time, since he could not have held the globe still enough to work without. He was miserably sick from the ether, and dreaded taking it again. I therefore very gladly availed myself of the kindness of Dr. Robert Amory in offering to give the patient nitrous oxide gas. As he has reported on the special method of administering this anæsthetic, I omit speaking of it here, except to say that after the mouth-piece was removed, I had more than ample time to carry out my operation, time enough to have performed an *iridectomy*, or even a longer operation. For such short operations not followed by pain, I regard the nitrous oxide as invaluable. Passavant's operation has to be repeated as many times as there are widely separated attachments, and although I persuaded one patient to submit to it seven times under ether, we shall not always be so fortunate. The posterior synechiæ were so broad in this case, and the iris possibly friable, that I did not like to attempt to break them away without an anæsthetic for fear of the pain. The patient was perfectly satisfied with the gas, experiencing no pain whatever. A compressive bandage was kept on a few hours after each operation. The three operations have resulted in leaving a *free movable iris*. Spots of pigment where the attachments were, are seen on the capsule. To what extent they will disappear I cannot attempt to say. Judging from previous cases, I think all lymph will be gradually absorbed.

In these seven, and the thirteen operations previously reported, I did no harm to the capsule, and certainly improved the condition of the eye. In the second opera-

tion in the last case, owing either to the close and broad attachment, or my not grasping the iris deeply and firmly enough, it was a little torn and a filament dragged into the wound. It however entirely replaced itself before the eye was bandaged, and no traces of it are now seen.

With Dr. Passavant as with me this operation has always been successful. I therefore think it proper to quote the following from the *Med. Times and Gazette* of May 22, 1870, by Dr. Alex. Ogston, of Aberdeen, who, in referring to Dr. Passavant's article, says, "This paper of Dr. Passavant appeared so honestly written that a trial of his method was instituted in the next case that presented itself in the Aberdeen Hospital. In this case, as in all the cases where I have tried it, the operation was followed by no bad results as regards the iris; but though the adhesion was seen to tear, the contraction of the pupil, which invariably followed on the escape of the aqueous humor, allowed the two ends of the adhesion to lie so close to each other that they united again in spite of the free use of atropine, and by the time the corneal wound was healed the same state of matters existed as before the operation, only the adhesion was not so broad as before."

As Dr. Ogston does not minutely describe his method of operating, I can only imagine his results were due to having made a larger and more peripheric wound in the cornea than was necessary, whereby the aqueous chamber was not quickly enough reestablished. I found no such trouble as he describes. He now operates in a different, and as I contend much more dangerous method, namely, he passes a not too sharp needle into the aqueous chamber opposite the point of iritic attachment, and engaging the point of the needle in the iris tissue, forces it away to break the synechia, using the hole in the cornea as a fulcrum. The unnecessary danger of wounding the lens and thereby producing cataract, which we must run in such a procedure, would be sufficient to induce me to hold to Dr. Passavant's method, which I have so far always found successful, and not so very difficult for those accustomed to ophthalmic operations, especially as I am now convinced it can be readily performed under nitrous oxide, a hundred gallons of which anæsthetic may be carried about with perfect safety in a case twenty inches long and eight square, as Dr. Amory has practically demonstrated.

THREE CASES IN MILITARY SURGERY.

Service of CHARLES B. BRIGHAM, M.D., Surgeon-in-Chief of the Ambulance Internationale at Nancy, France.

I.—A. de L., 27 yrs. The patient was struck the 18th August by a ball, which, entering the right buttock and traversing the great trochanter, lodged, as was afterwards found, in the muscular tissue in front of the femur. The patient entered the hospital the 1st September, with a circular wound half an inch in circumference in the left buttock; from the course of the ball, designated by the pus on pressure, it was supposed that it had lodged near the hip-joint. No tumor could be felt in front of the thigh; the limb was, however, very painful on movement, and the point most tender was in front and to the inside of the great trochanter. On the 8th the patient was etherized, and the wound of entrance enlarged by a small incision; the finger being then introduced passed through a tunnel, as it were, in the great trochanter; with a slight pressure and manipulation with the other hand in front of the trochanter, a ball could be felt, and after considerable difficulty it was withdrawn by the combined aid of the finger and forceps. The situation of the ball was at a point an inch below the anterior superior spinous process, and the distance from the wound of entrance was five and a half inches. A cataplasm was applied to the side of the hip; four days after, an abscess forming at the point of lodgment of the ball was opened, and a rubber tube for drainage was passed through to the wound of entrance. Each day the wounds were syringed with carbolic-acid wash; two small incisions were subsequently made on the side of the thigh, lower down than the original wounds, and were likewise connected by drainage tubes. At the end of a month the tubes were withdrawn, the injections of carbolic-acid wash being continued. Warm baths were given every other day. On the 1st of November the wounds were all healed, and the patient commenced to walk with crutches, which by the last of the month he abandoned, and is now walking with excellent movement of the limbs.

II.—A. W., 24 yrs. The patient was wounded the 18th August by a ball, which, entering the leg just below the knee, penetrated the tibia at a point below and behind the internal condyle. The patient entered the hospital the first of September, in a feeble condition, with a flesh wound three fourths of an inch in diameter, circular and

healthy, and discharging a moderate quantity of pus; the knee was swollen and painful, but there was no fluctuation manifest. Extensive injury of the bone was detected with the probe, and a fragment of bone an inch in length and one third of an inch in width was withdrawn with the forceps. Besides this injury of the leg, the patient was struck by a ball just below the anterior superior spinous process of the ilium. This wound was purely muscular, the ball passing out about four inches behind its place of entrance. The wound of the leg was dressed with a cataplasm. The patient was weak with a diarrhoea which he had had for about two weeks, and which was arrested by the use of a mixture of the tinctures of opium, camphor and rhubarb in equal parts. Wine of quinine and extra food were given. For a week after the patient's entrance the knee continued to swell; there was evident fluctuation over the condyles of the femur, but as yet no connection with the wound of the leg, though it was thought that the ball had entered the joint. By the 9th September the situation of the patient was very precarious; the leg and foot were much swollen and œdematous, and the patient experienced intense pain and sleeplessness, even with injections of morphia subcutaneously. The pus had invaded the thigh to nearly the middle part, and the patient, with feeble pulse, seemed rapidly failing. Under these circumstances it was thought advisable to amputate the thigh at the middle third, and, on the 10th, the patient being etherized, the operation was performed by the method of a long anterior and a short posterior flap. The femoral artery being compressed by the hand, there was but little hæmorrhage, and precautions were taken to drive the blood into the body by means of a tight bandage on the limb. Twelve ligatures were made, and the flaps held in place by two sutures. The stump was dressed with a cold compress of myrrh wash. In the evening, pulse 86 and fair. Brandy was given each hour through the night. On the following day a cataplasm was applied to the stump, and quinine was given in six-grain doses three times a day. On the 13th, the patient's pulse was 100 and feeble; on the 14th, he had two severe chills; on the 16th, seemed much better, all the ligatures came away, and the suppuration was fully established; on the 17th, in the afternoon, another chill; on the 18th, two slight ones, and in the evening the suppuration ceased, pulse 130, slight cough, and dulness on the right side of the lower part of the chest; on the 19th, the

suppuration recommenced to a slight degree, the cataplasm being changed every hour. The morning of the 23d, a hard swelling appeared in the neck between the parotid and submaxillary glands; in the afternoon of the same day the patient was delirious and died in the evening.

Autopsy, two hours after death. In the lower lobes of each lung several abscesses, about a quarter of an inch in diameter and filled with offensive chocolate-colored pus, were found. The liver was of a lighter color than usual. The spleen was enlarged about one third. The other organs were healthy. The veins of the stump were much thickened. The swelling in the neck, on being opened, yielded nearly two ounces of straw-colored serum. Many small sub-epidermic abscesses were noticed upon the back and shoulders.

The examination of the tibia and femur, after amputation, gave the following result. The ball, entering the tibia below and rather behind the internal condyle and on a line with the head, fractured the bone in four places at its entrance; then passing into the cancellous structure lodged there in such a manner that the tip of the ball protruded slightly into the joint at the middle of the inner side of the articular surface of the internal condyle in a line of fracture. It was also found that the tibia had been fractured in three large parts, two of which comprised the internal condyle, while the other extended down upon the shaft of the bone. These parts had become united one to the other by fibrous tissue. The bone, on being sawed through between the condyles, displayed the ball completely surrounded by the cancellous structure, which was in part grayish by an infiltration of pus. The articular surface of the femur was destroyed at the inner and outer edges, and the shaft necrosed and deprived of periosteum for an inch above the condyles on the inner side.

III.—J. M., 26 yrs. On the 18th August, the patient was struck by a ball in the following manner: The ball, entering the buttock above and behind the left anterior superior spinous process, took the course of a line extending from the middle of the anterior third of the crest of the ilium to the tip of the coccyx. In this course a furrow was made in the ilium, the bone was fractured at its posterior edge in three small fragments, and the ball rested in the buttock. An unsuccessful attempt to extract the ball was made, before the patient's entrance to the hospital, by an incision three inches above its actual situation. On the 11th of Sep-

tember, the patient was etherized, the wound of entrance, which was half an inch in diameter, slightly enlarged, and the finger introduced along the fistulous canal. Fragments of bone and the ball were felt, and withdrawn by the forceps. The ball was very much deformed, three sharp and rough edges bordering two deep furrows. The fragments of bone measured together two-thirds of an inch in width, and an inch and a half in length. A portion of drawers was withdrawn at the same time. The distance of the ball from the wound of entrance was six inches; a slight incision was made at this point, and a tube of drainage inserted; a cataplasm was then placed over the two wounds; the suppuration was profuse; the general condition of the patient excellent. On the 30th, no bone could be felt in the wound, but a slight fæcal odor from the posterior wound proved the existence of a fæcal fistula. Small beads of fæcal matter were discharged from time to time. No opening could be felt by the rectum. Pure alcohol was injected into the posterior wound. Nine days after the tube of drainage was removed; the injections of carbolic-acid wash being continued. Six days after this, all fæcal odor had disappeared, and healthy granulations nearly closed the wounds. By the first of November, the injections were discontinued, and the wounds suppurred but little, the patient sitting up in a chair most of the day. At the end of November, he could walk without the assistance of crutches, and is now in the hospital nearly well.

CASE OF EMPYEMA.

By JAMES O. WHITNEY, M.D., Pawtucket, R. I.

ABOUT the middle of August, 1868, I was called to a son of S., æt. 5 yrs. Two or three months prior to this, the child had been ill of a lung fever, as stated by the attending physician. At my visit I found the left chest very largely distended with fluid. In view of the time which had elapsed since the effusion, I expressed the opinion that nothing but tapping would avail in the case. This the parents would not then consent to, and all I could do was to recommend general palliative treatment. Sept. 8, 1868, the chest measured twenty-one and a half ($21\frac{1}{2}$) inches around just under the arms, and twenty-three and seven-eighths ($23\frac{7}{8}$) at the base; the heart was much displaced; patient still going up and down stairs. Sept. 25, measured the same as on the 8th, at top of chest, but at the base, one inch

and three-quarters less (22½). Heart less displaced; the left chest as a whole seemed smaller than the right, and there was a lateral curvature of the spine to correspond to this state of things; the lung had not expanded, but the chest walls had fallen inward. No respiratory sound could be heard over the left side; the patient could breathe more easily. What had happened? On inquiry, it was ascertained that the child had suddenly expectorated a large amount of pus, and the altered state of the chest was thus explained; the pent up fluid had burst into the bronchia. The respite was, however, of short duration, the opening soon closed. Oct. 18, being recalled, I found the chest was twenty-five inches around; the heart displaced at least seven inches; the child could scarcely breathe, and was very livid; he had not slept any to speak of for a number of days; in fact, death appeared imminent. By measuring from the centre of spine to centre of sternum, on the right, I got eleven inches; by calling this half of the chest measure, the increase on the left over the right side was three inches. The actual increase must have been something more, for the right side of chest participated somewhat in the general enlargement. Two or three inches below the arm-pit pointing was quite obvious, and an opening was here made, when the pus came off in a jet, to the amount of a pint. It continued to drain off, and the next day the size of the chest was one inch less than before the operation, and relief to the impending suffocation was marked; the patient had slept well during the night. By inserting a flexible catheter of small size into the cavity of the chest, and using a common pewter syringe as the suction, I drew out a number of ounces of fluid, with additional benefit; and on the 21st of Oct., in this way, I took out twenty ounces, continuing this process until a vacuum was formed. The child now being comparatively comfortable, the case was left to itself, freeing the opening into the chest only being occasionally required. Another opening formed above the nipple, and continued to discharge, with the one made, three or four months, when both closed. A few weeks later, the one under the arm reopened, and discharged until June, 1869. At this time the ends of the fingers were clubbed, enlarged, the last phalanx giving a most singular deformity to the hand.

The present state of the patient is, as to general appearances, rugged; the chest

measures twelve inches on the right side, eleven only on the left; the heart in the natural situation; respiratory sounds heard in all parts of left chest; no perceptible curve of spinal column; no cough; fingers almost natural, the nails alone seem too large.

REMARKS.—This case should not be regarded as one to be followed, and not interfered with by earlier tapping. Had the parents consented to an operation when first requested, the lad would no doubt now have each side of his chest equal. The case shows the most remarkable tenacity of life, and the completeness of the cure is quite as wonderful. The rupture into the bronchi, and the subsequent closing of the passage, is quite new to me. The *immediate* emptying of the chest was far greater at this time, than by the puncture, a month later. * * * It will be observed that I took no pains to prevent air entering the cavity of the chest, contrary to the advice of some writers upon this subject. A little consideration will show there was no reason to fear this, for I opened simply an immense abscess, and one incapable of immediate collapse, and the expulsion of its contents, which must first get out, before air can get in. The lung was compressed to its uttermost, and had been for weeks; no vacuum could be formed by further compression, by the pressure of the air from without. The space occupied by the fluid, was gradually obliterated by the expansion of the lung, the falling inward of the chest walls, and the return of the heart and right lung to their normal places. If recovery was to occur, this was the mode I anticipated; hence, I had no fear of air entering and being expelled with each respiratory act.

HOSPITAL FOR THE RUPTURED AND CRIPPLED.

Messrs. Editors,—At a recent meeting of the General Committee of the Department of Health, of the American Social Science Association, the Secretary of the said committee was authorized to offer the following paper, with certain omissions, for publication in the JOURNAL under your charge. I have therefore the honor to submit it, as appended.

Respectfully,

Your ob't serv't,

D. F. LINCOLN, *Secretary.*

Boston, January 12, 1871.

Boston, October 6, 1870.

To the Chairman of the General Committee of the Department of Health, of the American Social Science Association:—

SIR,—In accordance with instructions from your committee, the undersigned have to report as follows: * * * Availing themselves of the kindly proffered services of Dr. Agnew, they took occasion to visit the "Hospital for the Ruptured and Crippled," at the corner of Forty-second Street and Lexington Avenue, New York. Nothing could exceed the readiness and kindness with which information was rendered by those in charge; for which your committee desire to return their thanks. * * *

Exclusive of private rooms, the building is designed to accommodate two hundred children between the ages of 4 and 14, afflicted with the various diseases of deformity so common in badly nourished children. The epithets "scrofulous" or "rickety" may be applied to the greater part of this class of patients. Besides these permanent inmates, and the occupants of private rooms, a great number of "out-patients," mostly adults, are treated.

The first point which strikes the eye of the visitor is the liberality with which funds must have been supplied in order to carry out so amply the architectural plan. The building is externally impressive, from its size, bold features, and apparent strength; and within, abundant contrivances, with great simplicity and harmony of parts, convey the idea that one mind planned the whole. Such is, indeed, the case. To Dr. James Knight, the Resident Physician and Surgeon, is due the formation of the idea of this institution, its enthusiastic adoption and its successful incorporation. For over a score of years it has been his pet hobby, and his own enthusiasm has not failed to excite a similar feeling in the minds of other philanthropic men. Gifts of money, amounting in the case of one gentleman to a total of \$120,000.00, demonstrate that the Doctor not only possesses great ideas, but is capable of inspiring others with the same. It was exceedingly pleasant to meet a man so thoroughly imbued with the spirit of the subject which he was explaining.

The building consists of a parallelogram of 115 by 45 feet, with semi-circular wings of 22 feet in diameter at three of the angles, and a rectangular wing, 32 by 22 feet, at the north-west angle.

The basement is devoted to the uses of the Out-patient Department, and to various domestic arrangements. The first story contains the main entrance, reception-room,

committee-room, physician's residence, and a number of small private rooms for patients. Passing through to the rear, that is, to the north side, we come to a tower, containing an iron staircase and elevator, which can be shut off from any part of the main edifice by means of iron doors, thus forming an efficient fire-escape. The second and third stories open almost directly upon this tower, thus obviating the necessity of entries; and each of these stories forms one immense ward, of the same dimensions as the ground-plan of the house, with an almost unbroken exposure to light on the south, or main front, as well as on the east and west.

The upper structure, of similar dimensions, is roofed with a series of domes, which furnish a ready accessory means of ventilation to the whole house. This "garden," or "solarium," is used exclusively as a play-ground, for which its sunny and airy situation excellently fit it.

Points deserving especial mention, as worthy of commendation, are:—

1st. Economy of room. There is no large reception-room; one of about eight feet by fifteen answers all the purpose. There are no halls required in the upper stories. The wings were added, simply to supply an absolute need—not for architectural effect.

2d. Provision for ventilating the kitchen, laundry and engines, apart from the main body of the building.

3d. Security in case of fire, by means of the iron stair.

4th. The semi-circular shape and small size of the wings, which cut off as little sunlight as possible from the main building.

5th. The admirable play-ground, situated under the roof, yet (owing to the peculiar construction of the latter) not liable to become overheated in summer. The apparatus for gymnastics is of the simplest character, comprising little else than a few self-acting swings, of a new construction, for developing the arms; the parallel bars, for the muscles of the shoulders and spine, and some hobby-horses, moved by a treadle, for developing the use of the ankles and legs.

6th. The peculiar arrangement of the great wards. Save a small space, partly enclosed at the corners, serving for the children's wardrobe, the entire floor, 115 by 45 feet in extent, is thrown into one room. Down the centre of this room runs a sort of aisle, about 20 feet wide, which affords ample space for the children's desks—for they receive regular school-instruc-

tion. A wooden barrier about three feet high separates this aisle, on each side, from the spaces designed for the children's beds, the girls being placed on the front side of the house, the boys on the back. About forty low beds in one *pen* (so to speak), and the same number in the other, accommodate these children. All are young—and the twenty-foot aisle, with the three-foot breastworks, are considered sufficient barriers between the sexes. Perhaps not the least wholesome lesson taught to the children is the old doctrine, "*Honi soit qui mal y pense.*" In the visit which your committee made, it was impossible to find the slightest fault with the air of these rooms. They seemed as wholesome as possible; in most refreshing contrast to the peculiar foulness which clings to our great city schools, and which is as characteristic as the smell of a second-rate hotel, or the *coulisses* of the theatre. About seventy children were seated, receiving instruction in arithmetic; the very little ones dropping off to sleep as they felt inclined, the older ones yielding ready attention. All looked well cared for. They certainly did not present an especially "scrofulous" appearance. The physician remarked that he never despaired of any child, if it could be made to *eat*; and they *always* began to eat heartily, led by the force of example, within a few days after their entrance. Cheerfulness, fresh air, sunlight, cleanliness, plenty of food—these constitute his most important remedies. He claims a very unusual degree of success in treating abscess of the hip-joint, caries of the vertebrae, bed-sores, and the like. And this leads directly to the next point:—

7. Beds. The children all sleep on a kind of spring-bed, the frame of which is cast iron, and the "ticking" is composed of fine links of wire interlaced in the manner of chain-armor. This peculiar fabric is very strong, elastic, and agreeable to the body. No mattress is required; a blanket once doubled and covered with a sheet furnishes a sufficient and comfortable couch. In the case of children with running sores, the blanket is always washed daily, which would be impossible in the case of any mattress. No rubber blankets are used; and this seemed to your committee a very desirable omission. The iron fabric ("woven wire mattress") is coated with tin to protect it from rust, and is easily cleansed. Dr. Knight values the bed very highly as a means in the cure of bed-sores; and evidently the cleanliness, good ventilation,

and suppleness of the "mattress" are most desirable qualities.

8. Ventilation. This is effected in the downward direction. Warm air is introduced at the top of the room (in winter), and conducted out through registers in the floors; the latter, as well as the main walls, are made double, to serve as conductors of air. The upright spaces in the walls are warmed by the kitchen chimney and the engine chimney; the upward draught thus caused creates a suction, through the floors, upon the air in the room, while fresh air (warmed by coils of steam-pipe) is constantly forced in near the ceiling. In summer, the large end-windows furnish ample means of ventilation. They would be inadequate if the rooms were as crowded as our school-rooms. But the size of the wards gives an amount of air to each child which would be a liberal hospital allowance for an adult ward. The whole ward, moreover, is emptied at play hours. It is claimed that in cold weather the upper air of the room scarcely differs at all in temperature from the lower strata.

9. As a matter of administration, it struck your committee that a most desirable principle was followed in representing to each patient his duty to pay—in proportion to his means, be they never so small—a compensation for the service rendered. He is first cared for, and then the appeal is made to his sense of justice. The pecuniary result is not insignificant, but is not to be compared in importance with the moral lesson. Upon the great benefit rendered to the community, in preventing pauperism and making useful workers of poor cripples, this is not the place to enlarge.

Respectfully submitted:

D. F. LINCOLN, } Committee.
CLARENCE J. BLAKE, }

Medical and Surgical Journal.

BOSTON: THURSDAY, JANUARY 26, 1871.

DISPUTANDI PRURITIS ECCLESiarUM SCABIES.

WE feel that the would-be controllers of a State begin at the wrong end of pharmaceutical legislation when they endeavor thoughtlessly to veto a well tried and long honored professional custom; we are sure

that the shoemaker has gone quite beyond his last when we see in the daily papers the proposal to "*oblige physicians to write their prescriptions in what is called the English language, and apothecaries to label in the same language*;" and we are equally certain that the corporate professional face will glow with "one vast substantial smile," as did that of Mrs. Fezziwig, at the suggestion to add another dead letter to our statute book.

Among the thousands of prescriptions which are given by the members of our profession every day, it is not astonishing that errors occasionally, nay, frequently occur; it is not to be wondered at that a physician sometimes orders, by mistake, a grain of morphia, when he means opium, and that a child dies from a teaspoonful of liq. ammoniæ, when he should have been relieved by an equal amount of liq. ammoniæ acetatis. Such mistakes are inevitable; to err is human—but such errors as these are not the slips of a language or a form, but of the mind and the pen; and we are confident that no additional security can be obtained by seeking shelter under a language more familiar indeed to our ears, but, at the same time—speaking in the way of science—less precise and accurate, and less adapted to professional uses than the Latin.

We shall certainly have the testimony of every physician that, for the nomenclature and description of disease, and for the certainty requisite in the preparation of medicine, we cannot, at present, at least, dispense with the Latin language; and that any endeavor to dispossess us of its use will as surely prove a dead letter, as that other example of legislative astuteness, which makes it a civil crime to burn tobacco in the streets of Boston. Laws which, in themselves, are null, must at all times be subversive of the very principle of law; while they exist on the statute book they must be continually provocative of civil discord; and so constantly bear out the saying, credited to Sir Henry Wotton, that "the itch of disputing will prove the scab of the church."

A few of our brethren were asked, a day or two ago, to appear before a committee of the legislature of Massachusetts and give

their views on the abolition of Latin in prescriptions. We give the [reply of one of these gentlemen, because it expresses views on the subject which are entirely coincident with our own.

53 WORCESTER ST., BOSTON, }
Jan. 19th, 1871.

MY DEAR SIR,—I thank you for your note inviting me to the meeting with you to-morrow, and, if I can make it convenient, I will see you there. The passage of such a law as you speak of, however, will be of no effect. Every physician, who understands his business, will write his prescriptions as he himself thinks will be the safest for his patient. If he does not, he is unfit for his profession, law or no law. Different *English* names for one and the same drug are used in different parts of the country, and even in different parts of the State, or I am misinformed. *Different* drugs are known by one and the same name in different localities. It would be necessary that the law should provide the particular name in English for each particular drug, or some of the gentlemen who vote for the law may sleep their last long sleep, the first time they are taken sick afterwards. I fancy the verdict of the coroner's jury would be either "suicide," or "died by Act of the Legislature."

I should willingly write my prescriptions, as I do my directions in English, usually; but there are times when I should not consider it safe to do so, and when I should consider it my duty to break the law and bear the penalty.

I am very respectfully yours,
CHAS. E. BUCKINGHAM.

A dozen other reasons for retaining the Latin language, in our daily scientific work, will suggest themselves to every practising physician, and need not be mentioned in this place.

We venture humbly to suggest to our legislators certain matters in which they can serve the cause of sanitary science and, by aiding honest members of the medical fraternity, confer substantial and permanent good on the community. In the first place, we would say, let them strengthen the hands of the State Board of Health—a body of gentlemen who have, as they deserve, the respect and confidence of the profession; give them the power to correct abuses, physical, social and moral, and the privilege of suggesting wise laws for our sani-

tary code. Let our rulers demand a higher standard of character and education in the medical practitioners of the day; cause our medical schools to refuse their diplomas to applicants, except they show themselves grounded, not only in medical learning, but in matters of general culture; and so give the community practitioners who are able to use at least their own tongue with accuracy. Let them insist on a higher standard in the department of pharmacy; require a regular course of study for druggists; a knowledge, at least, of *prescription* Latin; the avoidance of practice of medicine and surgery by apothecaries who would be physicians; and the exercise of the utmost care in the compounding of prescriptions. Let them put their legislative veto on the career of dishonest men, who assume the name of physician only to make it a byword, and whom, in their manifold forms of deception, honest men know by no other name than quacks.

With legislative action in this direction, we should have fewer complaints of the abominations of tenement houses and other nuisances; of abortion and baby farming; or of social evils, become State crimes. Physicians would not then write *aqua lime*, in place of *aqua calcis*; murder the King's English, as well as the Latin vernacular, in prescribing for their patients; or mistake a carotid aneurism for a benign abscess. Apothecaries would not be tempted to administer cathartics for intussusception; or excite suppurative inflammation in simple incised wounds by the application of retentive *squares* of sticking plaster; and the public would cease to be gulled, robbed and murdered by the veriest charlatans.

These are a few practical suggestions for our State Fathers; let us see a moiety of them carried out, and the medical profession will say Amen!

SECOND ANNUAL REPORT OF THE STATE BOARD OF HEALTH.—We take from our contemporary, the *Boston Daily Advertiser*, an abstract of the second annual report of the State Board of Health, which was presented in the Senate on Saturday:—

The Board acknowledge the courtesy and cordial reception met with from the civil

authorities, and from the local Boards of Health, and at their suggestion correspondents have been appointed by these authorities in various towns, who form an efficient body of aids. The legislative requirement for the building of an abattoir at Brighton, and the establishment of sanitary rules in regard to the market, are commenced, but as yet no practical result has come from the act, owing to the opposition of the butchers of that town. Indictments are now pending against several slaughter-houses as nuisances. In this connection the hoof and mouth disease is referred to, with the measures taken to prevent its spreading. The reports on "Health of Towns," and "Typhoid Fever," it is believed, will throw light on this subject.

The Board has made no investigation into the prevalent cattle disease, but submit the results of investigations of the subject by medical men in England. Those investigations, although conflicting in results, show that disease has sometimes been produced in the human subject by milk from diseased cows, not boiled before use. Its effects were shown in a derangement of the alimentary canal, accompanied by febrile disturbance, the presence of vesicles on the mucous membrane of the mouth and tongue, which in rupture leave superficial ulcerations, and, at times, an herpetic eruption about the exterior of the lips. In many cases the use of such milk produced no noticeable effects. It is the opinion, however, that such milk ought not to be unrestrictedly sold, and should not be used as the food of young children. No perceptible effect had been observed from the use of meat from such diseased cattle, yet the Board believe that no meat should be allowed to leave the shambles in any part of this State without thorough investigation and proper permission being given.

The action of the Secretary of the Board in regard to the dangers liable to happen in Boston from overcrowding in tenement houses, and from a want of cleanliness in the streets and alleys, is referred to, and the circular given which was sent to the proper authorities. On this the Board remark that its influence seems to have been small indeed. The secretary, in his report, states that it had no visible effect, and instead of an improvement there had been a deterioration in the condition of tenement houses, and a gradual lowering of the standard of cleanliness in regard to the streets. These houses are characterized as a disgrace to civilization, and the health

department managed with indifference and ignorance.

On the subject of smallpox in Massachusetts, it is stated as strange that any town could allow the pest to grow rampant as it has recently been in Holyoke. On a visit and suggestion of the secretary, a general vaccination took place. The only way to drive it from the United States is a national law as in England, requiring every parent to duly register his child after having been vaccinated. Our own laws have been grossly neglected. In Holyoke, 167 cases of smallpox have occurred, of which 36 proved fatal. The compulsory vaccination in Ireland has been attended with favorable effects.

There were twelve questions especially investigated by members of the Board, or by agents appointed by them. Poisoning by lead was investigated by the secretary, assisted by Prof. William R. Nichols. In the extensive correspondence, more than 100 cases of poisoning from lead pipe were brought to light, and facts were presented regarding the danger liable to happen to those who drink cider or other acid drinks from faucets fastened with lead, and other analogous facts tending to show the evil effects of cosmetics containing salts of lead.

In the paper on trichiniasis, investigations were made in the cases of two families affected by it in Lowell and in Saxonville. It is remarked upon it, that the disease is caused by eating raw pork, or pork but partially cooked, and attention is called to it and to the essential point of it, viz., the necessity of thoroughly cooking lean pork before placing it on the table.

The "Diseases of Massachusetts," treated by the secretary, contains returns, as noticeable, upon the influence of residence on river banks, near swamps, pigsties or foul privies, and details of wretched tenement houses in Boston. In Brookline the rich are more liable than the poor to some diseases; at Concord is seen the evil influence of irregular flowing of lands by mill owners; at Hinsdale the bad effects of overcrowding are found; at Hadley the influence of too many shade-trees; in Northborough the effect of night soil on the prevalence of consumption; suggestions as to the infectiousness of consumption come from Rockport; a gross neglect of vaccination is apparent in Billerica, Holyoke and Worcester; the straw business as a cause of consumption appears at Upton. The hope is expressed that in every town observations will be made as to the effects of nuisances and the removal of them.

"Charbon, or Malignant Vesicle," by Dr. A. H. Nichols, contains a *résumé* of the latest views on the idea of contagion. While yet debatable views, the Board recommend the necessity of cleanliness and of free ventilation as of equal value to the practical manufacturer and laborer. The free use of carbolic acid as a disinfectant is commended.

Typhoid fever is treated by the Secretary and by correspondents. Pittsfield is cited as an instance of the production of typhoid fever by foetid smells and impure water, leading to the establishment of an efficient board of health, and the paper is commended not only to the attention of every town, but to scientific investigators, in the belief that it adds somewhat to our knowledge of the causes of this destructive disease.

The Chairman of the Board, Dr. Bowditch, gives the results of his observations during a six months' residence in London the past year, in the study of the homes of the poor, and the Board commend to the citizens the practical workings of the Peabody, Coutts and Waterloo Buildings, in fostering habits of cleanliness, temperance and self-respect among the people. The last-mentioned company prove that capital can combine with philanthropy, and each reap abundant harvests. The other subjects, of convalescent homes in the country for broken-down but not really diseased persons, the matter of the use, waste and danger arising from sewage, the Board deem worth careful consideration.

The subject of "Alcoholic Drinks, their Use and Abuse," is treated with information derived from correspondence throughout the world with American ministers, consuls and other persons. The correspondence is not wholly finished, yet certain inferences can be drawn from what has been received, as follows:—That wherever we go, man finds some drink to use as a stimulus; the inhabitants of the northern nations of Europe, the British Isles, and their descendants, use immoderately the more fiery liquors, producing more disastrous results; southern nations use milder drinks, or if strong, fewer and smaller glasses, and drunkenness is far less common among them, the people regarding the vice with extreme aversion; the drunkard in the northern nations commits more violence and crime, and in this climate the northern European cannot drink with impunity the amount of alcohol used by him in Europe.

On these conclusions, the question arises, What can we do to keep this universal ten-

dency within proper bounds in Massachusetts? Men and legislators differ honestly on the subject, and the Board can suggest no specific remedy, having no sources of information which can give them any peculiar advantage in proposing modifications of existing statutes. They do, however, "most earnestly desire and recommend that the legislature may devise some plan by which dram-shops or tippling-houses may be summarily suppressed throughout the State." "Recognizing, also, that the love of strong drink becomes at times a real disease, and as such controls its victims as completely as insanity can ever do, this Board earnestly urges upon the legislature the establishment of inebriate asylums, to be held as insane asylums are established and held, under State guardianship, in various parts of the Commonwealth."

The paper on the mortality of the city of Boston is presented in the conviction that from it may be deduced inferences of great importance to the future health not only of the city, but of the State at large. The deductions made from the tables prepared by Dr. F. W. Draper are believed to point unmistakably to the fearful neglect of the city authorities in reference to the sanitary condition of the city, and the sacrifice of human life by such neglect. The fact that houses are allowed to be built on land in a certain portion of the city that must be eventually raised at an enormous expense, is submitted to the tax-payers as worthy of their special notice.

The "Ventilation of Schoolhouses," by A. C. Martin, architect, is commended as based upon scientific principles of ventilation, with plans for carrying out the design in a practical way, and these plans it is believed will meet the necessities of the case.

"Air and some of its Impurities," is a paper containing a record of carefully conducted experiments. A letter from Charles Stodder contains views upon the "germ" theory of disease. The practical suggestion of the possibility of preventing the dust of iron and steel filings from flying about in the air of machine shops, and thereby saving life, by means of magnets, is commended as worthy of the attention of master machinists who desire to promote the well-being of their operatives.

The pollution of streams by industrial establishments and the sewerage of towns, has been several times during the past year brought to the notice of the Board, and it was thought best for the present year to take a single instance of alleged pollution

of a stream and examine it thoroughly. Mystic pond was selected for the purpose, from the connection of tanneries in its vicinity. An examination was made by Prof. Wm. R. Nichols, of the Massachusetts Institute of Technology, and the result was that in so far as the Mystic River water, as delivered at Charlestown, is concerned, the fears naturally entertained by those who were familiar with the foul conditions through which a small portion of it is known to pass, are not confirmed.

In the paper relating to the health of minors employed in manufactories, it is said the influence of occupations on health is one of great interest, but a subject more difficult to study in this country than in any other in the world, from the tendency of our people to change their occupation. It is hoped, however, that the facts that they have been able to collect may be found useful to the legislature. On the other hand, it is to be remembered that the young operatives in our mills are drawn for the most part from a class of foreigners who do not live under circumstances favorable to health, and whose death rate, at all ages, is certainly much higher than among the population at large.

The report states as a gratifying fact that with these imperfect returns there is no suggestion of the existence of greater mortality or sickness among operatives than in the State at large. If every corporation in the State was obliged by law to make annual returns of the number of days lost by their employés by reason of sickness, and if all hospitals and dispensaries were required to give similar information, a great deal might be learned important to the future health of our citizens.

Measures were taken to investigate carefully the effects of working sewing machines by foot-power, and a physician engaged to make the investigations, but only lately the Board had learned that he found himself unable to perform the services agreed upon.

The expenses of the Board have amounted to \$2288 35, less than half the sum appropriated, yet it is hoped the same appropriation of \$5000 will be granted for another year. These expenses have been for postage, stationary, printing, travelling expenses, copying, translating, &c., and in payment for special investigations concerning air, water, carbon, ventilation of schoolhouses, mortality of Boston, typhoid fever and health of factory operatives. The secretary states that he has lectured in various places in the State, and everywhere has

met with evidence of interest in the operations of the Board.

IN our JOURNAL of Nov. 18, 1869, we alluded to the burial services over the remains of Dr. Wm. T. G. Morton. Since then a committee of citizens of Boston and vicinity have erected at Mt. Auburn a simple but appropriate monument to his memory. We are allowed to publish the following letter from the Executive Committee to the widow of the deceased:—

BOSTON, Dec. 30, 1870.

MRS. WM. T. G. MORTON:—

Dear Madam,—In the name of the subscribers to the "Morton Testimonial," we desire to inform you that a monument has been erected at Mt. Auburn to the memory of your husband.

Accept it for yourself and family as a mark of the gratitude felt to his memory.

Upon its four faces are inscribed the following words:—

WM. T. G. MORTON,
INVENTOR AND REVEALER
OF
ANÆSTHETIC INHALATION.

BEFORE WHOM,
IN ALL TIME,
SURGERY WAS AGONY.

BY WHOM,
PAIN IN SURGERY
WAS AVERTED AND ANNULLED.

SINCE WHOM,
SCIENCE HAS CONTROLLED PAIN.

For these great benefits conferred on men he deserves perpetual fame.

Trusting that the monument which we now transfer to you will contribute to that end, we remain, dear madam,

Very respectfully your friends,

JACOB BIGELOW,
J. INGERSOLL BOWDITCH,
C. G. PUTNAM,
WILLIAM WHITING,
JOHN J. MAY,
HENRY I. BOWDITCH,
FRANCIS MINOT,
R. M. HODGES,
SAMUEL KNEELAND,
LUTHER PARKES,
J. COLLINS WARREN,

*Executive
Committee
of the
Subscribers
to the
Morton Testimonial.*

In connection with the above, we desire to refer to an advertisement from the Committee suggesting a national subscription

for the family who have been left in "straitened circumstances." The Committee appeal to all who have felt the blessed influences of ether in the relief of pain, and are willing to receive the smallest sum. The advertisement will be found in that part of the JOURNAL usually occupied by such documents. We heartily commend it to the notice of the profession of the United States and to the community.

PROFESSOR PARKES ON THE ACTION OF RED BORDEAUX WINE.—Our readers will remember (see *Medical Times and Gazette*, July 23, 1870) that Professor Parkes, aided by Count Wollowicz, M.D., published a system of observations on the effects of alcohol on the human body. A healthy soldier was the subject; he was put on a uniform system of diet and exercise; his respiration, urine, pulse and temperature noted, and the differences accurately recorded during a series of days when he took alcohol and when he took none. The general conclusions were chiefly negative; there was no proof of effect on the temperature or on the excretions; the one positive fact was that it increased the work done by the heart. Dr. Parkes and Count Wollowicz now present us with a parallel series of experiments on the action of red Bordeaux wine or claret on the human body. The subject was the same as before, and the experiments were continued for thirty days, during the first two of which only water was taken; then during five days ten ounces of good red Bordeaux, during the next five, twenty ounces, and, lastly, another ten days of water. It would be impossible to give the whole details, and useless to give part; so we must content ourselves with indicating the conclusions. One of these, of some interest, is the conviction of the untrustworthiness of the bichromate test for alcohol, which the authors intimated their suspicion of in the former series. They now state frankly their belief that "the perspiration may at some times contain some non-alcoholic substance, capable of reducing the bichromate. The perspiration of the arm was condensed on the tenth day (*before wine*), on the nineteenth day (*during wine*), and on the twenty-sixth, twenty-eighth, and thirtieth days (*after wine*). In all cases an extremely marked green reaction was at once given. We conclude, therefore, that fresh experiments are necessary with regard to the correctness of the bichromate test when applied to the condensed

perspiration." This exposure of a source of error is worth something. The general results of the effect of claret are—a marked effect on the heart; no unequivocal alteration of temperature in axilla or rectum; no alteration in the elimination of nitrogen, nor in the phosphoric acid of the urine; some augmentation of the free acidity of the urine; no alteration of the alvine discharge. When alcohol or wine are taken in a certain excess, heat, flushing, drowsiness, discomfort, and loss of appetite are experienced. It is clear that the subject of the experiments was a healthy man, who would do better without alcohol in any shape than with it; and we need hardly say that our authors are far too philosophic to draw conclusions from his case and apply them to the whole population.—*Med. Times and Gazette*.

CHLORAL IN ASTHMATIC BRONCHITIS.—Dr. Caspar Morris said:—I was recently in attendance upon a lady who suffers from frequently recurring attacks of bronchitis, with asthma. The skin was hot, the frequency and difficulty of respiration very great, the râles loud and musical, and the secretion very profuse, so that the mucus could be poured from the cup in an abundant, ropy stream. My attention had been arrested by the account, recently published, of the hydrate of chloral, and as she had not been relieved by any remedy which I had previously tried, except to a slight degree by chloric ether, it occurred to me that the chloral might be of service. I ordered five grains in one fluidrachm of the syrup of lactucarium of Aubergier, to be repeated in two hours if required. The two doses afforded entire relief; and she has found great comfort since from a single dose at bedtime, a good night's rest being secured by it. I mention it as a valuable aid in the treatment of this intractable and distressing disease.—*Transactions of the College of Physicians of Philadelphia*.

PHARMACEUTICAL ETIQUETTE.—It is a simple thing enough to go to a drug store and buy ten cents' worth of syrup ipecac, but how differently it can be done in different countries. A friend just returned from Europe, describes the scene thus in Paris:—

Enter customer: takes off his hat, making a low bow: "Good morning, sir."

Druggist, returning the bow: "Good morning, sir. How do you do?"

C. "Very well, thank you. You have syrup ipecac, have you not?"

D. "We have; how much do you wish to have of it?"

C. "Give me ten cents worth, if you please."

D. "Yes, sir; please sit down."

Druggist puts up the bottle, caps and seals it, hands to the customer and says "Thank you," when he receives the money. Customer says "Thank you," when he gets the bottle; then another bow from each party, and exit customer.

Compare this with the republican simplicity of New York:—

Enter customer, whistling softly "Shoo Fly!" walks up to the counter—"Ipecac?"

Druggist, folding the paper he was reading, nods and grunts:—

"Hem! how much?"

C. "Ten cents."

Druggist hands the bottle, customer pays and walks out.

N. B.—The Frenchman's syrup ipecac is no better than the New York article.—*The Physician and Pharmacist*.

DETECTION OF STRYCHNIA IN MEDICO-FORENSIC ANALYSIS.—Dr. Weyrich relates in the *Moniteur Scientifique* a case of poisoning with strychnia, of a person accustomed to consume opium, and to whom had been given large doses of ipecacuanha, while, moreover, a portion of the contents of the intestines had to be tested for mineral poisons. The real bearing, therefore, of this case turns upon the detection of strychnia in the presence of emetine and morphia. The strychnia was detected in an alcoholic extract of the materials taken from the corpse, by means of the reaction produced by strong sulphuric acid and bichromate of potassa, which at first oxidizes only the emetine, and this having been removed, produces the well-known purple coloration, due to the action of the bichromate and sulphuric acid upon strychnia. The morphia was detected in a separately made amyl-alcoholic solution, by means of molybdate of soda in dissolved concentrated sulphuric acid.—*Med. and Surg. Reporter*.

Mormon physicians are forbidden, under a penalty of \$1000 and not less than a year's imprisonment, to prescribe any of the more powerful agents known to the medical profession, without first explaining to the patient and his friends their medical properties, and procuring the unqualified consent of all concerned.

Medical Miscellany.

SUBCUTANEOUS INJECTION OF BUBO.—Dr. Wertheim, attached to the syphilitic and skin department of the Rudolph Hospital, Vienna, states that he has given up all attempts at dispersing buboes by causing their absorption, and now treats them by a simple and efficacious procedure—subcutaneous injection. A solution of various substances, as morphia, camphor, sulphate of copper, &c., may be used as circumstances require, muriate of morphia (gr. iv. aquæ dr. ij.) being that which is usually preferable. The ripe abscess is punctured by means of a thick needle, or the tube of a strong Pravaz syringe; after most of the pus has been gently pressed out, the injection of eight or ten drops of the solution is practised, the patient being taught himself to empty every three hours the fluid that may have collected. The injection is at first repeated daily, and after, at longer intervals. Although not essential, it is better for the patient to keep in bed. The advantages of the method are that the pain in the abscess almost immediately ceases, and the other inflammatory symptoms steadily diminish; the thickened pus is gradually transformed into a thinner and thinner exudation, gradually decreasing in quantity, and in three or four weeks it ceases entirely, and no cicatrix remains. The secretion of pus is confined to the spot, and the surrounding induration gradually diminishes.—*Lancet*.

M. CHAUFFARD has recently made the following communication to the Société Médicale des Hôpitaux in reference to a new method of treating confluent smallpox:

"The treatment of which I have to speak consists in the employment of large doses of crystallized phenic (carbolic) acid, a therapeutical agent whose efficacy in the secondary fever of severe confluent smallpox—a secondary period when, as is well known, the majority of patients attacked by severe confluent smallpox succumb—appears to me established.

"To judge the more clearly of the efficacy of this remedy," says M. Chauffard, "I have used it exclusively in five cases of absolute severity, and, to my great surprise, in all these cases I have observed the rapid disappearance of the intense febrile phenomena, and of the symptoms of supuration. One only of these five cases died, but at the time of his death he had been convalescent a fortnight."

"The dose of the medicine adopted was 1 gramme (15·4 grs.) of crystallized carbolic acid in a mixture of four or five ounces, to be taken in the course of the day. The treatment is completed by the application of carbolic-acid lotions externally."—*National Medical Journal*.

DEATH FROM CHLOROFORM.—A female patient died recently in the operating amphitheatre of the Cincinnati Hospital from the effects of chloroform. The patient had been placed on the table for amputation of the foot by Dr. Dawson. A small quantity of chloroform only was used, and

the patient expired almost immediately after the operation. A *post-mortem* examination revealed fatty degeneration of the heart. Dr. Dawson will prepare a full report of the case at an early date.—*Cincinnati Lancet and Observer*.

TO CORRESPONDENTS.—Communications accepted:—Twenty-five Cases of Vesico-vaginal Fistula, of which twenty-two were cured by Operation.—Melano-sarcoma of Choroid, stimulating Glaucoma.—Melanotic Liver.

BOOKS AND PAMPHLETS RECEIVED.—Counsel to a Mother: being a Continuation and the Completion of "Advice to a Mother." By Pye Henry Chavasse, Fellow of the Royal College of Surgeons of England, &c. &c. Philadelphia: Lippincott & Co. Sold by A. Williams & Co., Boston. Pp. 169.—The "Rubber Air-Cushion" in the Treatment of Complicated Fractures and other Serious Injuries of the Lower Extremities, with Illustrative Cases. By L. D. Mason, M.D., Adjunct Surgeon to the Long Island College Hospital, N. York. Pp. 12.—The Rapid Writer. [Quarterly.] Devoted to the Introduction of the New System of Brief Writing. Vol. I. No. 6. Mendon, Mass.—A Memoir of John Conolly, M.D., D.C.L., comprising a Sketch of the Treatment of the Insane in Europe and America. By Sir James Clark, Bart., M.D., &c. Pp. 16.—Vaccination and its Protective Power, in the State of West Virginia; a Report to the Governor, by John C. Hupp, M.D., State Vaccine Agent. Pp. 12.

DIED.—In Franklin, N. H., Jan. 9th, Dr. Samuel R. Kelley, aged 51 years.—In Richmond, Va., Dec. 29th, Dr. B. R. Wellford, formerly Professor of Materia Medica in the Virginia Medical College, aged 74 years.

Deaths in fifteen Cities and Towns of Massachusetts for the week ending Jan. 21, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	120	Consumption 42
Charlestown	10	Pneumonia 15
Worcester	19	Croup and Diphtheria 10
Milford	5	Scarlet fever 10
Chelsea	5	Typhoid fever 9
Cambridge	18	Erysipelas 8
Salem	7	
Lawrence	2	
Lynn	6	
Gloucester	3	
Fitchburg	7	
Newburyport	8	
Fall River	8	
Haverhill	1	
Holyoke	6	
225		

Holyoke reports two deaths from smallpox.

GEORGE DERBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, Jan. 21st, 120. Males, 58; females, 62. Accident, 2—apoplexy, 1—asthma, 1—anaemia, 1—inflammation of the bowels, 1—disease of the bowels, 1—bronchitis, 4—congestion of the brain, 2—disease of the brain, 7—burned, 2—cancer, 2—cellulitis, 1—cyanosis, 2—cholera infantum, 1—consumption, 21—convulsions, 6—croup, 2—debility, 2—diarrhoea, 2—dropsy of brain, 3—diphtheria, 1—erysipelas, 5—scarlet fever, 2—typhoid fever, 5—disease of heart, 1—hemorrhage, 2—disease of the kidneys, 5—disease of the liver, 1—laryngitis, 1—inflammation of the lungs, 5—marasmus, 3—mumps, 1—old age, 4—paralysis, 3—pleurisy, 1—premature birth, 3—peritonitis, 1—puerperal disease, 1—phlebitis, 1—pyæmia, 1—privation, 1—rheumatism, 1—scalded, 1—spina bifida, 1—suicide, 1—whooping cough, 1—unknown, 3.

Under 5 years of age, 45—between 5 and 20 years, 7—between 20 and 40 years, 31—between 40 and 60 years, 17—above 60 years, 20. Born in the United States, 72—Ireland, 29—other places, 19.

E. FOUGERA, Manufacturing Pharmacist,
No. 30 North William Street, New York.

FOUGERA'S

COMPOUND



IODINISED

COD LIVER OIL.

The immeasurable therapeutic superiority of the oil over all other kinds of Cod Liver Oils sold in Europe or in this market, is due to the addition of IODINE, BROMINE AND PHOSPHORUS.

This oil possesses not only the nourishing properties of Cod Liver Oil, but also the tonic stimulant, and alterative virtues of IODINE, BROMINE AND PHOSPHORUS, which are added in such proportions as to render FOUGERA'S COD LIVER OIL FIVE TIMES stronger and more efficacious than pure Cod Liver Oil, saving therefore TIME, MONEY, SUFFERING and LIFE.

FOUGERA'S VERMIFUGE.

(COMP. DRAGEES OF SANTONINE.)

Santonine, the active principal of *Semen contra*, (European Wormseed) occupies the first rank among the anthelmintic remedies. In this preparation the Santonine is combined with a purgative agent and is at once pleasing to the eye and efficacious. For several years many of our principal Physicians in all parts of the Union have expressed themselves highly pleased with the efficacy and elegance of this vermifuge. Each dragee contains one half grain of Santonine and one fifth grain of Gambogine.

FOUGERA'S READY-MADE MUSTARD PLASTERS.

Nos. 1 and 2.

A most useful, convenient, and desirable preparation, always ready for immediate use. Clean, prompt in its action, and keeps unaltered in any climate; easily transported and pliable, so as to be applied to all parts and surfaces of the body. It is prepared of two strengths:—No. 1 of pure mustard; No. 2 of half mustard. Each kind put up separately, in boxes of ten plasters, cut or in rolls.

FOUGERA'S PECTORAL PASTE.

(ICELAND MOSS AND LACTUCARIUM.)

Used with great success against Nervous and Convulsive Coughs, Hooping Cough, Acute Bronchitis, Chronic Catarrh, Influenza, &c.

Wakefulness, Cough and other sufferings in Consumption are greatly relieved by the soothing and expectorant properties of this Paste.

LANCELOT'S CIGARETTES FOR ASTHMA.

It suffices to *inhale* the smoke of these Cigarettes to experience immediate relief.

All nervous affections in general, and especially those of the chest, are often cured, and always relieved by the use of Lancelot's Cigarettes.

FOUGERA'S

Iodo-Ferro Phosphated Elixir of Horse-Radish.

This Elixir, acting as a *diuretic, tonic, stimulant, emmenagogue*, and a *powerful regenerator of the blood*, is a most invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood.

By stimulating the energy of the digestive organs, through the action of the horseradish etc. by supplying vital fluid with the elements it requires *iron* and *phosphorus*; by carrying into the economy the alterative agents, *iodine* and *sulphur*, it brings life and vigor through the whole system.

GRIMAULT & CO.'S PHARMACEUTICAL PRODUCTS,

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Jan. 13-cowt

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Jan. 26—4t.

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 Jan. 12—3t.

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The contrivances hitherto devised for the purpose have generally fallen into disuse on account of radical defects in construction, and the substitute now offered has been withheld until it could be thoroughly tested in a class of cases which have resisted medical treatment. How it obviates the most objectionable feature of the ordinary appliances, and in what respects is superior to them, is at once apparent.

Medical men well know that the inevitable result of the use of the shield and teat now employed is a constriction of their lactiferous ducts, which open by minute orifices upon the surface of the nipple. The flow of milk is thereby obstructed, coagulation produced, engorgement and inflammation of the whole gland, terminating in abscesses and seriously affecting the general health of the mother. Such a train of evils is averted by the peculiar shape, capacity and construction of the metallic cup or shield. It is provided with a flange, by which equal pressure is made upon the integument, while the contained air (by a valvular arrangement) is gradually exhausted by the first inspirations of the child, and the shield firmly adheres. It is also surmounted by an elastic teat, so short that when the lips of the child instinctively fasten for support upon the firm, unyielding edge of the shield, and the entire teat is taken into the mouth, there is no embarrassment in swallowing. Thus the chief objection to the artificial teat usually employed is obviated. In whatever position the mother may lie, the process of nursing, before painful, perhaps impossible, now becomes painless, and even pleasant, if the subjoined simple directions are carefully complied with.

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HARVARD UNIVERSITY. Medical Department, Boston, Mass.

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THE regular Course of Summer Instruction will begin at the Massachusetts Medical College, North Grove Street, Boston, on March 13th, and continue until the next Winter Course of Lectures on the first Wednesday in November. The Session is divided into two Terms by the summer vacation of two months. Gentlemen who finish their undergraduate course during the summer months, should join the Medical School at the beginning of the Fall Term, Sept. 11th; their requisite three years of study being thus completed in time for the special examination for medical degrees, which precedes the annual commencement at Cambridge.

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Nov. 3—Jan.

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Each teaspoonful represents the activity of five grains of Calisaya Bark, together with two grains of the Soda-Pyrophosphate of Iron. This Salt of Iron is not precipitated in the stomach by the agency of food or gastric juice, and will be found an efficient chalybeate when ordinary iron preparations produce constipation, headache, etc.

The dose for an adult is a teaspoonful three times a day, immediately before or after meals. For children, to be graduated according to age.

Ferrated Elixir of Cinchona.

Iron, Peruvian Bark, and Choice Aromatics.

This preparation embodies the cordial, tonic, and anti-periodic properties of its constituents, so modified by the combination as to avoid the objectionable effects of their distinct action. Its constant and continued use by our leading practitioners, and its often attested good results, warrant our decided endorsement of its merits.

Each dessert-spoonful represents two grains soluble Citrate of Iron, and ten grains Red Peruvian Bark.

The dose for an adult is a dessert-spoonful three times a day, immediately before or after meals. For children, to be graduated according to age.

Elixir Pepsin, Bismuth and Strychnia.

This combination consists of Pepsin (prepared from the stomach of the Pig), with the soluble Citrate of Bismuth, and one-sixtieth of a grain Strychnia to each fluid drachm. It has been employed with very great success in Dyspepsia, Gastralgia, General Debility of the System, and in all the numerous disorders dependent on want of tone and vigor of the stomach and digestive organs.

Compound Syrup of Hypophosphites.

This preparation, suggested by the experience and researches of Dr. CRUICKSHANK, is composed of the Hypophosphites of Lime, Soda, Potassa and Iron. The theory of the advantage of the Hypophosphites is based upon the elimination of free Phosphorus into the system. The therapeutic effect would seem to sustain the value of this preparation, from the benefits derived from their use, both here and abroad.

Each fluid drachm contains two grains Lime, two grains Soda, one grain Potassa, one half grain Iron.

Adult dose, one teaspoonful three or four times a day.

Blister Wine of Iron.

Citrate of Iron and Peruvian Bark.

Prepared with Sherry Wine, Calisaya Bark, and Citrate of Iron; each fluid drachm represents two grains of the ferruginous salt, and the activity of five grains of Calisaya Bark.

Among the many chalybeate and vegetable tonic combinations that are justly entitled to a high degree of favor, we know of none more worthy of esteem than this. The happy effect, in many cases of debility, loss of appetite and general prostration, of an efficient Salt of Iron combined with our most valuable Nerve Tonic, has been so frequently demonstrated, that we feel every confidence in recommending it. For an adult, a teaspoonful immediately before or after each meal.

[Continued on next page.]

WYETH & BRO.'S PREPARATIONS—continued.

Compound Syrup of Phosphates, or Chemical Food.

Composed of the Phosphates of Lime, Soda, Potassa and Iron.

This preparation was introduced by Professor Jackson, of the University of Pennsylvania, and has been extensively prescribed with very gratifying results. It is not intended as a popular remedy, but is submitted to the Medical Faculty as a nutritive tonic, well suited to supply the waste of elementary matter in the human system during the progress of chronic cases, particularly in Dyspepsia and in Consumption.

By careful and intelligent manipulation, the salts are all held in complete solution, hence their efficiency in a small dose. This preparation is pleasant to the eye, agreeable to the taste, and grateful to the stomach, and does not nauseate by protracted use.

Each fluid drachm contains one grain freshly precipitated Phosphate of Iron, two grains Phosphate of Lime, one grain Phosphate of Soda, one-half grain Phosphate of Potassa, with slight excess Phosphoric Acid.

Adult dose, a teaspoonful.

Ferrated Cordial Elixir.

This Elixir rivals in delicate and delicious flavor the most prized of the foreign cordials. Specially grateful to a sensitive and delicate stomach, it stimulates digestion and invigorates the whole system. For the general debility, nervous prostration and loss of vigor of females and children, it is particularly indicated. The healthy color, renewed muscular force, buoyant spirits and regained appetite, give the best evidence of the rapid assimilation of the Chalybeate Salt. Each fluid drachm contains one grain of Pyrophosphate of Iron.

Directions.—Children, one-half to a teaspoonful before eating. Adults should take a tablespoonful as often.

Elixir Bromide Potassium.

The Elixir contains five grains Bromide Potassium in each teaspoonful, and is an agreeable and elegant form of administering this highly prized alternative and nerve sedative. The objectionable saline taste is completely masked in this Elixir, and the Bromide will be found less apt to produce nausea and derangement of the digestive organs.

Wyeth & Bro's. Cod Liver Oil.

We offer to Physicians a Cod Liver Oil, perfectly pure, prepared with scrupulous care, and perfectly free from any acid, bitter, or empyreumatic taste. Physicians will find that patients sensitive to the taste and unable to digest the ordinary oil, can take this readily and with the consequent benefit of so valued a nutriment.

Very delicate persons should take in teaspoonful doses for the first few days, and increase as the physician may direct.

Put up in 16 oz. bottles.

Elixir Calissaya Bark, Iron and Bismuth.

This Elixir contains one grain of Soluble Citrate of Bismuth in each teaspoonful of the Ferrated Elixir of Cinchona. The addition of the Soluble Salt of Bismuth gives increased value, in cases of debility, dependent on enfeebled digestion, or associated with gastritis.

Elixir Calissaya Bark, Iron and Strychnia.

Each teaspoonful contains one-fiftieth of a grain of Strychnia; this enhances the tonic power, and will be found a valuable adjunct to the other constituents, when a powerful nerve tonic is desired.

Each fluid drachm contains Calissaya Bark, two grains Iron, one-fiftieth grain Strychnia.

Wine of Peppin.

From the Stomach of the Pig.

This is the most effective and agreeable form of administering Gastric Juice as an aid to enfeebled digestion. We add, in the preparation of our Wine of Peppin, a small quantity of Lactic Acid, supplying the want of the necessary acid, and increasing greatly the efficiency of the remedy.

Adult dose, one to two teaspoonfuls.

Ferrated Wine or Wild Cherry Bark.

Few medicines combine so pleasantly as valuable effects as the carefully selected bark of the Wild Cherry. Uniting a tonic, expectorant and sedative influence, it is indicated in most cases of debility, particularly when accompanied by local irritation. By careful and elegant pharmacy we combine in this preparation a protocol of Iron, giving the advantage of a combination so frequently desired.

Each fluid drachm contains twenty grains of the Bark two grains Iron.

Wine of Wild Cherry Bark.

This is a pleasant and concentrated preparation of Wild Cherry Bark, and will prove an elegant form of administering this valued tonic and sedative. Each fluid drachm represents twenty grains of the bark, collected at the proper season.

Adult dose, one teaspoonful.

Wine of Ergot.

There is no preparation more dependent for its value upon intelligent selection of the drug and careful preparation, than Wine of Ergot, and perhaps none more uncertain in effect as generally dispensed. We have long prepared it with carefully selected and fresh ergot, and feel assured physicians will not be disappointed in the effect. Strength, United States Dispensary.

Elixir Valerianate of Strychnia.

The bitter taste of the Strychnia is masked in this preparation, and will be found perhaps more effective than when given in pill form. Each teaspoonful represents (1-40) one-fortieth of a grain of Strychnia. The adult dose is one teaspoonful.

Comp. Syrup Phosphate of Manganese.

This preparation of Manganese, Iron and Soda has been extensively used with almost uniform good results in many cases of anemic condition, in which iron has failed to benefit. The salts are prepared fresh, and held in solution by a slight excess of acid. Each teaspoonful contains one grain Phosphate of Iron, one of Manganese and two of Soda.

Dose, one teaspoonful. Physicians will find this an exceedingly valuable addition to their list of remedies.

Solution Carbolic Acid.

We prepare this solution of a uniform strength, with full directions as to use. It will be found much more convenient for both internal and external use, than the Glacial Carbolic Acid, or any of the many Carbolic Acids, of uncertain strength, now imported.

Each fluid ounce contains forty grains of the Glacial Acid.

Put up in 16 oz. bottles.

We have also the Pure Crystallized Acid in 1 oz. G. S. bottles.

Syrup Superphosphate of Iron.

This preparation is prepared from the recently precipitated Phosphate of Iron; will keep in any climate, and is a deservedly popular remedy. Each fluid drachm contains three grains of Phosphate of Iron, with an excess of Phosphoric Acid.

Adult dose, one teaspoonful, immediately after meals.

Elixir of Bismuth.

The greater efficiency of Bismuth in solution, over the insoluble salts, usually given, recommends this preparation in the many cases of gastro-intestinal irritation, in which bismuth is indicated. This Elixir contains two grains of the Citrate of Bismuth in each fluid drachm.

Adult dose, one teaspoonful.

Comp. Fluid Ext. Buchu and Pareira Brava.

This fluid extract is composed of equal quantities of Buchu, Pareira Brava, and Collinsonia Canadensis. As a tonic and diuretic it will be found of great value; exerting prompt remedial action in Calculous Affections, Chronic Inflammation, and Ulceration of the Kidneys and Bladder, Leucorrhoea, Dropsy, &c.

In Chronic Inflammation of the Bladder, for allaying irritability of that organ, and correcting the disposition to profuse mucous secretion, we specially recommend it.

Adult dose, one teaspoonful three times a day.

Suppositories.

Rectal, Vaginal, and Male Urethral Suppositories and Soluble Posaries of pure Butter Cocoa, made with great care, and of every variety of combination. Lists sent on application.

Sponge Tents

For the Urethra, of every size and style, made of finest quality of sponge. Can be ordered with or without Carbolic Acid.

Medicinal Pearls.

Pearls of Chloroform, Aipol, Oil of Turpentine, Copaiba, Wormseed Oil, Oleo Resen Cubeba, Oils of Copaiba and Cubeba.

Surgeons' Roller Bandages.

We have always in store a large assortment of Surgeons' Roller Bandages, of every size. For convenience of physicians we have them put up in boxes, eight dozen in each, assorted sizes. Hospitals furnished at low rates by the gross.

In addition to the above, we prepare all the other popular Pharmaceutical combinations, which we supply at reasonable prices.

JOHN WYETH & BRO.,
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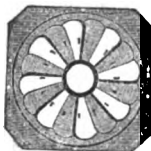
BOWDOIN COLLEGE—MEDICAL DEPARTMENT.

The Fifty-First Annual Course of Lectures at this Institution will commence FEBRUARY 16th, 1871, and continue sixteen weeks.

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Brunswick, Me., Nov., 1870. N24—tL.

TO PHYSICIANS AND SURGEONS.



GARBATT'S ELECTRIC DISK.—For local rheumatism, weakness, pain or palsy. A neat self-acting *electrique*, that is powerful yet comfortable; and as it acts without shock, is perfectly safe in all cases. It is simply to be worn on the body or limb for the tonic effects of localized primary electricity. The most delicate can wear it with ease.

This highly electrical disk (of magnetite-zinc alloy and silver gives a gentle protracted application. It is in effect very efficient. They are a most convenient *special remedy* for a lame back shoulder, stomach or side, for a weak throat or thorax, for cold rheumatism, neuralgia, local palsy, and various nervous diseases.

Approved and recommended by
EDWARD H. CLARK, M.D., Prof. Mat. Med. and Therapeutics, Harvard Med. College.
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Approved by the Gynecological Society of Boston (Winslow Lewis, M.D., Pres't, Horatio K. Storer, M.D., Sec'y), and recommended by them as a valuable aid in the treatment of many affections peculiar to females.

We have other and accumulating testimonials from professional men of the highest respectability, in various parts of the country.

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Orders may be addressed to dealers, or to

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BUTTER OF CACAO SUPPOSITORIES.—FOR THE RECTUM AND VAGINA.—A full line of standard, plain and medicated Suppositories kept constantly in stock. Private formulas prepared *exactly as directed by the physician*, and always of the best and freshest materials.

JOS. T. BROWN & CO.
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BOUND VOLUMES OF THE JOURNAL.—Covers, substantially made and very neatly finished, for both the double and single volumes of the Journal, have been gotten up expressly for the purpose by one of our best binders, under the direction of the Publishers, and it is believed will give general satisfaction to subscribers. Orders for them, either in the way of binding volumes sent in, or to go by mail and be used by the subscriber's own binder, will be promptly attended to. Price for binding, double volume \$1.00; single volume, 0.88. Covers by mail, free of postage, for one double or single volume, 60 cents. Mch. 18

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The following distinguished Boston Physicians recommend Capt. A.'s preparation.

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JOSEPH T. BROWN & CO., Pharmacists
292 Washington, cor. Bedford st & t,
Agent for Boston.

Jy 18—tL

COPARTNERSHIP NOTICE.—I have this day admitted GHO. F. H. MARKOR, for seven years my head clerk, and JOSEPH T. BROWN, Jr., my son, partners in my business. I avail myself of this opportunity to tender my sincere thanks to my old friends and customers for the liberal patronage bestowed upon me for more than THIRTY YEARS, and respectfully ask a continuance of their favors in behalf of the new firm. JOSEPH T. BROWN,
292 Washington Street

Boston, March 1, 1869.

JOSEPH T. BROWN & CO., Druggists and Pharmacists, 292 Washington, corner Bedford Street, Boston, Manufacturers of Standard Pharmaceutical Preparations, and Dealers in the Finest Drugs, Medicinal and Fine Chemicals, Select Powders, Pure Essential Oils, Genuine Medicines, Mineral Waters, New Remedies, &c. &c.

We also offer a full and carefully selected assortment of that class of Fancy Goods and Toilet Requisites usually found in a first-class Drug Store.

To the very responsible duty of compounding and dispensing Physicians' Prescriptions, close personal attention will be given, and the utmost care will be taken to insure the *PURITY* and *OFFICIAL* character of all medicines used in dispensing.

By manufacturing ourselves, by careful selection from the market, and by direct importation, we shall be able, at all times, to supply our customers with the highest grades of every article in our line.

Boston, March 1, 1869.

Mch. 11.—tL.

ORIGINAL NON-HUMANIZED COWPOX AND HUMANIZED VACCINE VIRUS OF THE BEST "STOCKS."

The subscriber continues, as for the past twelve years, to devote special attention to the propagation and supply to the profession of the best possible *materiel* for vaccination.

Last spring he sent a special agent to Paris to investigate fully the whole subject of animal-vaccination as practised there, and to procure such supplies of virus, in various forms and from many different animals, as might enable him to inaugurate the method here. This agent returned two months since, and the objects sought in sending him have been fully attained. Over twenty heifers have already been successfully vaccinated, others are vaccinated every few days from the two non-humanised "stocks" mentioned below, and this "service" will be continued indefinitely if, as is not doubted, the support of the profession justifies the great and continual labor and expense.

All virus issued by me is collected by myself from vaccinations of heifers and infants, made by my own hand, and is fully warranted in every respect. In any case of failure of a first supply, a second will be sent on notification within thirty days.

TERMS.

COWPOX VIRUS, derived by transmission from heifer to heifer, from the famous case of cowpox discovered at Beaugency, in France, in 1866. **COWPOX VIRUS** from inoculation of an heifer in 1868, from an original case of horse-pox at Allfort in France, and since then from heifer to heifer. Crusts, \$5; Capillary Tubes of fluid lymph, \$8; Packages of ten ivory points, charged on both sides, \$2 each.

VACCINE VIRUS, of one perfectly healthy human remove from either of the above. **VACCINE VIRUS** from vaccination of healthy selected infants with the "stock" of the National Vaccine Institution of London, derived in long succession, for seventy years, from lymph collected by Jenner himself; the oldest and best long humanised virus in existence. Crusts, \$3; Tubes, \$2; Packages of points, \$1.60 each.

The Tubes and Points are recommended as the best forms of the cowpox; of the humanised "stock" all forms are equally reliable.

I shall be most happy to answer all inquiries touching the subject of Vaccination, and on any week day, from 8 to 4 P.M., to receive the visits of physicians, and exhibit to them heifers in different stages of the disease; but no orders for virus will be notified without a remittance. The original cowpox lymph will not be supplied to or through agents or dealers.

Address Dr. HENRY A. MARTIN,

Dec 1, 1870.

27 Dudley Street, Boston Highlands, Mass.

HILL-SIDE SCHOOL.—For Undeveloped and Peculiar Children, SOUTHBORO', Mass.—Boston, Clinton & Fitchburg Railroad, Fayville Depot. Cars leave Boston from the Boston & Albany Depot.

For particulars, address Mrs. O. H. KNIGHT, or Miss M. A. F. DANA, Fayville, Mass.

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88—1y.

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F4—tL

CODMAN & SHURTLEFF'S

APPARATUS FOR

Atomization of Liquids for Inhalation, Local Anæsthesia, &c.

By the Atomizer any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air cells, thus opening a new era in the treatment of all diseases of the Throat and Lungs.

The Complete Steam Atomizer for Inhalation, &c.

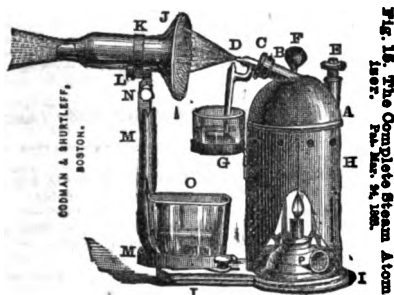


Fig. 18. The Complete Steam Atomizer. See. Pat. No. 24,100.

The waste-cup, medicament-cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.

It cannot be injured by exhaustion of water, or any attainable pressure of steam.

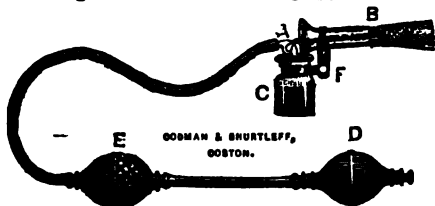
It does not throw spirits of hot water, to frighten or scald the patient.

Is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will tender the best of service for many years, and is cheap in the best sense of the word.

Price, \$8. Neatly made, strong, Black Walnut Box, with convenient handle, additional \$2.50.

Fig. 5. Shurtleff's Atomizing Apparatus.



Patented March 24, 1893.

For Inhalation, and with suitable tubes, for Local Anæsthesia, and for making direct local applications of atomized liquids for a great variety of purposes. [See our Pamphlet.]

The most desirable Hand Apparatus.

Rubber warranted of very best quality. Valves of hard rubber, every one carefully fitted to its seat, and work perfectly in all positions.

The Bells are adapted to all the Tubes made by us for Local Anæsthesia in Surgical Operations, Teeth Extraction and for Inhalation. Price, \$4.50.

Each of the above Apparatuses is supplied with two carefully made atomized glass Atomizing Tubes, and accompanied with directions for use. Every Steam Apparatus is tested with steam, at very high pressure. Each Apparatus is carefully packed for transportation, and warranted perfect. Also,

THE BOSTON ATOMIZER, with two glass atomizing tubes, \$5.00

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NICKEL PLATED TUBES, for Local Anæsthesia and for Inhalation, each 2.00

EMBOLEN, for Local Anæsthesia, best quality, packed, 1.00

NASAL DOUGH, for Treating Diseases of the Nasal Cavity, eight different varieties, each with two Nosels, packed, \$1.20, 1.50, 1.75, 2.00, 2.50 and 3.50

N. B. To save collection expenses, funds should be sent with the order, either in form of draft, post-office order, or registered letter.

For complete illustrated price-list of Apparatus, Tubes, &c., see pamphlet.

Will be sent by mail (post-paid) on application,

A PAMPHLET

containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," with formulae of those successfully employed. Also an article by Dr. J. L. W. THUDICHUM, M.B.C.P., on "A New Mode of treating Diseases of the Nasal Cavity," with his formulae. Also an illustrated description of the best apparatus for the above purposes, and for producing LOCAL ANÆSTHESIA by Atomization with Ether, by the method of Dr. RICHARDSON, of London; or with Rhigolene, as described by Dr. HENRY J. BIGLOW, in the Boston Medical and Surgical Journal of April 19, 1866.

All our Atomizing Apparatus is made with the utmost care, with a view to its complete efficiency, convenience and durability, and every one is warranted. A Gold Medal has lately been awarded us by the Middlesex Mechanics' Association for Atomizing and Surgical instruments, as will be seen from the following report, signed by a leading New-England Surgeon and Physician:

"1503. CODMAN & SHURTLEFF, Boston, Mass. One Case Surgical Instruments and Atomizers.

"The Committee have no hesitation in awarding for this superb exhibition the highest premium. The various other instruments for Inhalation of Atomized Liquids, and for Local Anæsthesia, were all apparently faultless, both in design and workmanship. The exhibitors are regarded as more especially deserving of the highest token of merit for having produced nothing except of their own manufacture. Gold Medal.

(Signed) GILMAN KIMBALL, M.D., Chairman."

Also by the Mass. Charitable Mechanics' Association—Exhibition of 1869.—A SILVER MEDAL, the highest medal awarded for Surgical Instruments.

ALSO FOR SALE:

*Cammann's Stethoscopes, Disarticulating,	\$7.00
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Send for Descriptive Circular.

Apparatus for Paracentesis Thoracis, approved by Dr. Bowditch and accompanied with directions kindly furnished by him.

For Instruments made to order, Sharpened, Polished and Repaired.

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Prepared on the Sea-Shore of Cape Cod and Cape Ann, by Mr. CASWELL, personally,
from Fresh and Selected Livers.

The universal demand for an article of Cod-Liver Oil that could be depended upon as *strictly pure and scientifically prepared*, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the *Fishing Stations*, where the fish are brought to land every few hours, and the livers consequently are in great perfection. Its manufacture is personally superintended by our Mr. Caswell, and every gallon made is closely scrutinized. This Oil is confidently recommended to the Trade and Medical Profession as the *Sweetest and Purest* in market.

It is made of fresh selected livers on the sea-coast, and can be retained by

The nauseous and offensive character of the usual Cod-Liver Oil in use is extremely prejudicial—more so than none at all; so that an article fresh and pure is indispensable.

☞ Sole Manufacturers and Proprietors, CASWELL, HAZARD & CO., under Fifth Avenue Hotel, New York City



the stomach when other kinds fail, so sweet and pure is it from the great care and skill attending its manufacture.

Prof. Parker, of New York, says. "I have tried almost every other manufacturer's oil, and give yours the decided preference."

Prof. Hayes, State Assayer of Mass., after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have carefully studied the effects of different Cod-Liver Oils, have unanimously decided the *light straw-colored Cod-Liver Oil* to be far superior to any of the brown oils.

THE BEST THREE TONICS OF THE PHARMACOPŒIA.

IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & CO. also call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable

Ferro-Phosphorated Elixir of Calisaya Bark,

a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome without any injury to their active tonic principle, and blended into a BEAUTIFUL AMBER-COLORED CORDIAL, delicious to the taste and acceptable to the most delicate stomach.

A teaspoonful contains one grain of the Salt of Pyrophosphate of Iron, and a pint of the mixture contains the virtue of one ounce of Royal Calisaya Bark. The Profession are warned against many imitations of the Ferro-Phosphorated Elixir of Calisaya, made from very inferior materials.

Ferro-Phosphorated Elixir of Calisaya Bark, with Strychnia.

This preparation contains one grain of sulphate of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effects.

Ferro-Phosphorated Elixir of Calisaya, with Sub-Carbonate of Bismuth.

This combination has now become exceedingly popular with the first physicians of the country, by whom it is efficiently and successfully used in gastralgia, laborious digestion, acid eructations, nausea, debility, and nervous derangements. Each tablespoonful contains eight grains Ammonio Citrate of Bismuth, four grains Pyrophosphate of Iron and three-quarters grain Quinine in its natural state of combination.

Simple Elixir of Calisaya.

Where an efficient tonic is required, and in cases where iron is contraindicated, our simple Elixir of Calisaya will be found of admirable service. In it the finest variety of Calisaya Bark is combined with aromatics and made into a ruby-colored cordial, which is very pleasant to the taste and friendly to the stomach. One pint of the Elixir contains the virtue of one ounce of the Calisaya.

IODO-FERRATED COD-LIVER OIL.

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Original Communications.

TWENTY-FIVE CASES OF VESICO-VAGINAL FISTULA, OF WHICH TWENTY-TWO WERE CURED BY OPERATION.

By R. M. HODGES, M.D., Boston.

IN the number of this JOURNAL for August 11, 1864, six cases of Vesico-Vaginal Fistula were published, in five of which an operation was followed by a complete cure; the sixth case, a fistula originally of very large dimensions, was believed to have remained uncured only because the subject of it declined to undergo a third operation. At the time of leaving the Massachusetts General Hospital, in which she was a patient, she had been improved sufficiently to retain her urine for half an hour.

The topic is again brought forward because it is still supposed by many physicians that this disability is one rarely alleviated, while the truth is that no surgical affection, of equal gravity, admits of more certain cure. The idea that urine possesses antiplastic properties which render healing by first intention impracticable in a wound of parts bathed by that secretion, is not warranted; modern experience has shown the incorrectness of such a theory. If the permanent closure of vesico-vaginal fistulæ is considered a difficult procedure it is only because, in the interior of the vagina, incisions cannot always be made with the precision, or sutures introduced with the accuracy, which a successful performance of the operation renders necessary.

The operation, moreover, is not frequently practised outside of hospitals. It is unattractive in itself, being tedious and time-consuming, and, pecuniarily, an unprofitable one to the surgeon. The accident requiring it seldom occurs except in cases where the influences of poverty prevail, and the attendance in labor is unskilled, or where ignorance and prejudice prohibit instrumental delivery. The subjects of this injury are, therefore, almost exclusively

those who, if they desire relief, are unable to pay for surgical attendance, or to command at their own homes the requisite care and nursing, but must seek them in charitable asylums.

To give publicity to the results obtained in a single Institution—the more especially, as that Institution and the name of one of its former surgeons are identified with the early triumphs of this essentially American operation—and to correct the erroneous impression which has been mentioned, are the motives with which this second series of cases is reported. The record will encourage the belief that vesico-vaginal fistulæ are frequently and oftentimes readily cured. The means and adroitness demanded for the accomplishment of this end are possessed by every practical surgeon. Very simple appliances suffice, and although these admit of considerable refinement, long instruments, delicate enough not to obstruct the view and to cast but little shadow, and common flexible spatulæ, by which a clear view of the opening in the bladder is always attainable, if at all, are, so far as mechanical expedients are concerned, almost the only conditions of success.

The method of operating described in the article already alluded to was essentially followed in the cases to be detailed. The cardinal rules—thoroughly to loosen the flaps—not to molest the mucous coat of the bladder—not to fear the insertion of too many sutures, were carefully observed. The extraction of the stitches, at the end of not less than ten days, was nearly always performed with the patient in an etherized condition. Frequent bathing, daily syringing of the vagina, and a dry bed, were considered important points in treatment. The *Pousse Fil Métallique* of Robert and Colin was occasionally used. Deep sutures, entering and emerging at long distances from the edges of thick flaps, so essential to success, are, perhaps, more easily introduced by means of this ingenious instrument than by a simple needle and holder, but an objection to it is that the propelling wheel dents the soft silver wire to such an extent that it is apt to break in being twisted, or

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bent at a sharp angle. The abundant and annoying hæmorrhage, which is by no means uncommon, can always be controlled by deep stitches, and although bloody urine may be passed for a few days, in none of the cases reported were ligatures necessary, or was there a loss of blood sufficient to produce any impression on the general circulation. Backache, and the fatigue of a confinement to one position, were the principal sources of suffering, and opiates were given only with a view to prevent a movement of the bowels, which were always kept constipated during the ten days succeeding the operation.

In every instance, a catheter was kept in the bladder until after the sutures were removed. Either Sims's self-retaining silver catheter, with a short piece of rubber tubing attached, or a gum-elastic catheter, leading into a urinal between the thighs, were found more comfortable than a long tube conducting the urine to a vessel outside the bed. Of late this use of a catheter has been considered unnecessary by some, but it was not dispensed with in any of the cases treated.

The brief reports which follow are not of selected cases, but include every instance of fistula (with the exception of one still under treatment) which has come under the writer's care. In some of them the opening was by no means large, but, in all four cases, however, the incontinence was total, no urine passing by the urethra. It is to be remembered that paring and loosening the flaps enlarge a fistulous orifice, and that the number of sutures used indicates the size of the aperture closed better than a statement of its measurements. With two exceptions, the operations were performed at the Massachusetts General Hospital.

VII.—E. M., American, æt. 29. A fistula, half an inch in diameter, and one inch and a half from the meatus of the bladder, attended by complete incontinence of urine, followed her first confinement, eight years ago, when she was delivered of a large, still-born child, by instruments, after a labor of two days duration. Two years later, she gave birth to a living child after an easy labor. May 18th, the edges of the fistula were pared and brought together by nine silver sutures. May 27th, the sutures were removed. May 29th, the catheter was dispensed with. May 31st, the patient was allowed to sit up. June 4th, discharged, cured.

VIII.—A. B., German, æt. 27. Has had

five labors, all instrumental, and, except the last, of over twenty-four hours' duration. None of her children have lived more than twenty-four hours. The duration of her last labor, which occurred ten weeks before her admission to the Massachusetts General Hospital, was thirty-six hours. The weight of her child, which was still-born, is not known. A fistula followed this confinement. Although not large, it caused complete incontinence of urine. It was very inaccessible, and lay at the bottom of a cicatricial depression high up the vagina, in an extreme lateral position. It was operated on May 27th, and required six sutures. June 8th, sutures removed. June 10th, catheter dispensed with. June 15th, discharged, cured.

IX.—M. J., American, æt. 30. Three years before entering the hospital, after a labor lasting from Tuesday until Friday, was delivered by forceps of a child weighing nine pounds. May 16th, the fistula which followed this confinement was operated on. The opening was of irregular, triangular shape, one inch in diameter, and on the right side coming hard up to the ramus of the ischium. It required twelve sutures for its closure. May 23d, six sutures removed. May 26th, the remaining sutures were removed. May 29th, leaking returned. June 6th, examined, and urine found to escape from two small orifices, each about as large as a probe's head.

A second operation was performed June 27th, and the openings closed, one with five, and the other with four sutures. July 6th, all the sutures were removed. July 9th, catheter dispensed with. July 10th, sitting up and walking about. July 12th, discharged, cured.

X.—M. McA., born in Ireland, æt. 27. Previous to her admission to the Massachusetts General Hospital, this patient had been operated on several times for the cure of a fistula following her first labor, which lasted from Sunday until Tuesday, and was terminated by the forceps. The weight of her child, which was still-born, is not known. On examination two fistulous openings were found, about an inch apart and occupying lateral positions, one admitting the end of the finger, the other a female catheter. Total incontinence of urine existed. April 22d, these openings were closed with ten sutures, the two separate wounds uniting in the median line so as to give the appearance of a continuous linear cutting. April 27th, the patient, not having known herself to be pregnant, gave birth to a three months' fetus. April 29th, four sutures

removed. May 3d, the remaining sutures were removed. May 5th, catheter dispensed with. May 8th, sitting up. May 10th, discharged, cured.

XI.—L. C., born in Ireland, æt. 29. After her third labor, forty-eight hours in duration, this patient was delivered by instruments of a still-born child. A fistula, more than an inch in diameter, and total incontinence of urine ensued. The posterior border of the opening is the anterior lip of the os uteri, which is deeply notched; the anterior border is much inverted and adherent to the fundus of the bladder. Oct. 11th, the opening was closed with ten sutures. Oct. 21st, sutures removed. Oct. 23d, catheter dispensed with. Oct. 27th, discharged, cured.

XII.—Two years after the operation recorded in the preceding case, the subject of it reentered the Massachusetts General Hospital. She states that at the time of that operation she was two months advanced in pregnancy, and that she was delivered at the seventh month of a living child, without any untoward occurrence. In two months, she again became pregnant, and continued until the full term. Her labor began on Friday, and she was delivered by instruments on Sunday. Immediately afterwards she noticed that the urine escaped involuntarily. July 24th, a fistula, one inch in diameter, occupying a position corresponding in part to the cicatrix of the former operation, was closed with nine sutures. Aug. 3d, the sutures were removed, and the catheter dispensed with. Aug. 7th, discharged, cured.

XIII.—Again, after two years, this patient presented herself at the hospital with a fistula. Eight months before her present admission, she had given birth to a still-born child at full time, without any mechanical interference. Her recovery was rapid, and on the ninth day she was up and about house. On the evening of that day she had a severe pain in the pelvis, and on its subsidence found that her urine leaked from her without control. On examination, a fistula of small size was found far back towards the os uteri. May 6th, the edges of this opening were refreshed and brought together with six silver sutures. May 15th, not the slightest leaking having occurred, the sutures were removed. The removal of them was undertaken without the patient being etherized. Their inaccessibility and the somewhat insufficient dilatation of the vagina led to the tearing open of the wound and the reestablishment of the fistula. May 17th, the fistula was again closed with

eleven sutures. These were removed May 27th. The catheter was omitted May 28th, and on May 30th the patient was discharged, cured. There was reason to think that this patient aborted during recovery from the operation. The occurrence of an otherwise unexplainable flowing, its duration and the odor of the discharge, together with the pain, and the fact that her catamenia had been suppressed for two months, left but little doubt that such an event came to pass.

XIV.—M. S., American, æt. 41. This patient had been operated on, fourteen years before, for a vesical calculus, weighing two and three fourths ounces, by Dr. W. G. Wheeler, of Chelsea. (See *Amer. Jour. of the Med. Sciences*, April, 1853.) The stone, which had a hair-pin for nucleus, was removed by an incision through the vesico-vaginal parietes. No attempt was made to close the opening. The fistula which ensued was about three fourths of an inch in diameter and was readily closed, as there had been no loss of tissue, by six sutures. The operation was performed Nov. 1st, and on Nov. 11th the catheter was dispensed with. Nov. 12th, the sutures were removed. Nov. 15th, discharged, cured.

XV.—C. B., born in Ireland, æt. 35. Has had three confinements. At her first, the labor was difficult; at the second, normal. The third labor was of forty-eight hours' duration, and terminated in the delivery of a putrid fœtus. An enormous fistula followed, extending from side to side of the vagina, gaping more than an inch antero-posteriorly. Through it the mucous surface of the anterior wall of the bladder largely protruded. The anterior portion of the remaining vesico-vaginal parietes had become inverted and adherent in such a way as to occlude the urethra. With some difficulty the edges of the fistula were brought together and retained in apposition by six silver sutures. This procedure was expected to prepare the fistula for a second operation rather than to effect its cure. The result was to reduce it to an opening capable of admitting nothing of larger size than a female catheter.

A month later, Sept. 4th, the edges of the remaining aperture, which was close up to the ramus of the ischium, and very unyielding, were carefully refreshed and the opening closed by a flap of mucous membrane freely dissected up from the right side of the vagina; this was held in place by eight sutures. Sept. 9th, slight leaking. Sept. 18th, sutures removed.

Although after this second operation the

patient could sit up for several consecutive hours without any involuntary escape of urine, a small opening, large enough to admit a fine probe, still remained. This was easily closed, Oct. 3d, with four sutures. Oct. 16th, sutures removed. Oct. 20th, discharged, cured.

XVI.—J. W., born in Ireland, æt. 26. Three months before admission to the hospital this patient was delivered of a dead child, by instruments, after a labor of sixty-six hours. No leakage of urine was noticed until three weeks after delivery; finally, she had little or no control over its escape. June 19th, a fistula, half an inch in diameter and lateral in position, was closed by twelve silver sutures. June 28th, having had a catamenial period since the operation, the sutures were removed. July 3d, the catheter was dispensed with. July 10th, discharged, cured.

XVII.—M. M., American, æt. 22. Four months before admission to the Massachusetts General Hospital was confined with her first child, after a labor of fifty-six hours' duration. Instruments were not used. The child was stillborn. No leakage of urine occurred until seventeen days after delivery; since then she has been unable to control its escape. July 8th, a fistula, one third of an inch in diameter, situated in the median line, far back towards the os uteri, was closed by twelve sutures, the opening having torn to twice its original size during an attack of vomiting which occurred while the operation was in progress. July 15th, sutures removed. July 22d, catheter dispensed with. July 23d, discharged, cured.

XVIII.—B. M.C.M., born in Ireland, æt. 34. Has had five children. Her first three labors were natural. The fourth labor, which lasted twenty-four hours, was terminated by instruments, the child being dead. Her fifth labor occurred three months before being admitted to the hospital; it lasted twenty-four hours, and the child was born alive, but soon died. Total incontinence of urine followed. The fistula extended posteriorly to the os uteri, and to the ramus of the ischium on each side. The portion of the vesico-vaginal septum remaining anteriorly was inverted and adherent to the opposite surface of the bladder. But when unrolled, the adhesions being ruptured by the finger, it constituted a flap of perhaps an inch in depth. Between this and the os uteri there was nothing but the protruding vesical mucous membrane. Oct. 4th, the opening was brought together by fifteen silver sutures. Oct. 8th, some leaking.

Oct. 16th, sutures removed. Oct. 25th, the leaking continued, but a tolerable stream of urine could be passed per urethram.

The remaining fistulous opening, which only admitted the passage of a large probe, was closed, Nov. 12th, by seven sutures. Nov. 20th, sutures removed. Nov. 25th, no fistula could be discovered by the probe, or the injection of water into the bladder, or by inspection with favorable light and dilatation. The patient stated, however, that there was an involuntary escape of urine. A fistula, barely admitting the smallest probe, was subsequently detected just behind the meatus urinarius.

The edges of this minute opening were refreshed, Feb. 8th, and to make its closure more certain the tissues were dissected up to such a degree that eight sutures were introduced. Feb. 14th, the sutures were removed. Feb. 22d, the leaking reappeared. Feb. 25th, the patient was discharged to return, but she has never made her appearance, nor can her present residence or condition be ascertained.

XIX.—H. C., American, æt. 44. Has had three children. Her first labor was tedious and painful, terminating, after forty-eight hours, in the birth of a dead child, extracted by the crotchet. A fistula followed this labor. Two subsequent confinements were normal and easy. At the time of her admission to the Massachusetts General Hospital, she had a slight control over her urine. The fistula was one-third of an inch in diameter, and situated midway between the neck of the bladder and the os uteri. Oct. 18th, this was closed with nine sutures. A catamenial period occurred between the time of the operation and Oct. 28th, when the sutures were removed. Oct. 30th, catheter dispensed with. Nov. 2d, discharged, cured.

XX.—M. McA., born in Ireland, æt. 31. Twenty months before admission, after sixty hours of labor, was delivered of a dead child, by instruments. A small fistula close to the os uteri ensued. June 14th, closed with six silver sutures. June 25th, sutures removed. June 27th, catheter dispensed with. June 29th, discharged, cured.

XXI.—M. McI., born in Ireland, æt. 30. Has had seven children. All her labors were natural until the last, three months before entering the hospital, when the child was delivered, dead, after version and instrumental extraction, her labor having been of 12 hours' duration. Total incontinence of urine followed. An irregular longitudinal fistula extended from the neck of the bladder into the os uteri, the anterior lip of

which was split. June 30th, the edges of the opening were refreshed and brought together with fifteen silver sutures, the os uteri being turned into the bladder. July 14th, sutures removed. Union complete, except a small orifice at the extreme right of cicatrix, where two sutures had ulcerated out.

The remaining fistula was again closed, Aug. 15th, with seven sutures. Aug. 25th, sutures removed. Aug. 31st, catheter dispensed with. Sept. 7th, discharged, cured.

In a letter from this patient's physician, Dr. W. J. Currier, of Lexington, written six months after her discharge, he stated that she "was in excellent health, and had menstruated for the last three months through the bladder. She had discovered this fact from the discoloration of her urine."

XXII.—M. B., born in Ireland, æt. 31. Has had three living children, all delivered without medical attendance. Her fourth labor commenced on Wednesday and terminated on Friday by the birth of a dead child, weighing eighteen pounds. No instruments were used. A large fistula ensued, involving a loss of almost the entire vesico-vaginal septum. Dec. 17th, this was closed by eleven silver sutures, the os uteri being turned into the bladder. Jan. 9th, sutures removed. Jan. 10th, catheter dispensed with. The remaining fistula was closed, Jan. 17th, by nine sutures. Feb. 6th, sutures removed. Feb. 7th, catheter dispensed with.

By a third operation, February 22d, the fistula, then about an inch in diameter, was again brought together, by eight sutures. March 1st, sutures removed. March 2d, catheter dispensed with. March 6th, discharged, cured. During recovery from this last operation a menstrual period occurred, and the discharge came away with the urine without any inconvenience to the patient.

XXIII.—E. C. H., born in Maine, æt. 27. Six months ago delivered by forceps of her first child, which was stillborn, after a labor of forty hours' duration. A fistula ensued at a point about corresponding to the neck of the bladder. June 2d, the orifice was closed with nine silver sutures. June 13th, sutures removed. June 14th, catheter dispensed with. June 16th, discharged, cured.

XXIV.—J. B., born in New Brunswick, æt. 29. Thirteen years ago was delivered at full term, by forceps, after a prolonged labor, of a child weighing sixteen pounds. Sloughing followed, and the entire vaginal wall of the bladder was destroyed. Total

incontinence of urine followed and has continued ever since. Two premature confinements (at six and at three months) have taken place since the occurrence of the fistula. On examination, the fundus of the bladder was found prolapsed to such a degree as to form a tumor outside the vulva as large as a hen's egg. On its reduction, which was effected with extreme pain, the line between the bladder and the vagina, owing to the thickened and excoriated condition of the surfaces, could with difficulty be distinguished, except anteriorly and in the vicinity of the urethral portion. May 8th, this enormous opening was brought together and closed by twenty-two sutures. On the following day, the abdomen was tender and tympanitic. The urine, which could now be obtained for analysis, was alkaline (s. g. 1004), and contained a large amount of albumen, with a sediment of blood, triple phosphates, pus, shreds of tissue, and granular casts. May 11th, the patient was out of her head (the delirium seeming like that of delirium tremens), and frequently removed the catheter, getting out of bed, sitting on the chamber-pot whenever left for a moment, and pouring the contents of her urinal over the bed. She had a cough; there was dulness over the upper part of the left lung, with obscure crepitant râles and bronchial respiration. The appetite persisted; nutritious food was taken in considerable quantities, and she drank ale and wine with apparent relish. The delirium, however, increased; the pulse ran up to 160, and, on the 15th, the patient died.

At the autopsy, the lungs were found œdematous, and in all the lobes of both there were many cicatrices and deposits of cretaceous tubercular matter. Their condition was peculiar, and appeared to indicate two periods of the same disease, or two different diseases—a tuberculosis from which the patient had recovered, and a catarrhal pneumonia, or a general infiltration of tubercular matter beginning to soften. The kidneys were extensively diseased, the tubuli being crowded with granular matter and in many places containing phosphatic crystals. In the vagina, the line of wire sutures extended around two thirds of its circumference, and the union of the wound was imperfect. The upper wall of the bladder was in a more or less gangrenous condition and covered with earthy salts; there were many large and small holes opening into a cavity in front of the peritoneum. In fact, there was hardly anything of the superior

wall of the bladder remaining. Whether these apertures existed before the operation was uncertain, but it seemed probable that many of them did.

XXV.—M. K., born in Ireland, æt. 38. Has had nine children, all of them born living, with the exception of the ninth, which died at the time of delivery. Her labors have been natural and of short duration; forceps were used, however, at the last one, at the end of twelve hours. A fistula ensued, the urine beginning to escape about a week after her confinement. Six months later the opening was found to be one-third of an inch in diameter, occupying a central position in the vagina, about equi-distant from the urethra and the os uteri. Incontinence of urine was complete, except when lying down. June 9th, the fistula was closed by six sutures. June 18th, sutures removed. June 20th, catheter dispensed with. June 23d, discharged, cured.

A recapitulation of the entire series of twenty-five cases gives the following results: cured, 22; not cured, 2; died, 1. Fifteen cases were cured by a single operation; five by two, and two by three operations. Of the fifteen cases cured by a single operation, the duration of treatment ranged from ten to seventeen days. The smallest number of sutures used in any case was three, the largest twenty-two.

It will be seen that the occurrence of diarrhœa, of the menstrual period, in three cases, and of miscarriage, in two cases, did not interrupt the process of cure, and that in one instance the patient was pregnant and did not miscarry. In three instances where the os uteri was turned into the bladder, the catamenial flow, as it subsequently occurred, was readily voided with the urine, and without discomfort to the patient. One patient was three times the subject of the injury and was each time readily cured, twice by a single operation. In those cases where more than one operation was necessary, a period of four to six weeks was usually allowed to elapse before the second was performed. The long retention of a catheter in situ seems sometimes to lead to a temporary incontinence of urine, which escapes per urethram after the fistula has been closed. This has been noticed in two instances. In one the patient was returned to the hospital by her physician, under the impression that a cure had not been accomplished; but the condition disappeared without treatment, and both patients recovered completely from this transient inconvenience.

Neither of the two cases incompletely relieved seemed to present any intrinsic impossibility of being cured. After three operations a minute opening still remained in one; while in the other, after two operations, the closure was complete enough to enable the patient to retain her urine half an hour. This last patient could not be induced to reënter the hospital; the other was lost sight of altogether.

Until twenty-four patients had been operated on not a single death had followed the procedure. Such an occurrence must, from the nature of things, be infrequent. Indeed in no other case had any symptoms followed which could be called severe. In the instance reported as terminating fatally, the operation was performed for a fistula of thirteen years standing, and of the largest description, requiring twenty-two sutures for its closure. The patient's general condition was masked by this desperate local difficulty. As soon as the urine could be collected, it was analyzed and found to be highly albuminous, full of fatty casts, with a s. g. of 1004. What was supposed to be delirium tremens appeared on the third day, and the patient died at the end of a week from tuberculosis and pneumonia. There was also Bright's disease of the kidneys. Could this condition of things have been determined beforehand no operation would have been attempted, for the case was obviously unsuited to such an undertaking.

It will be observed that with the exception of Case XLV., where the fistula was caused by an operation for lithotomy, the accident followed a tedious labor of from twenty-four to forty-eight hours in all but three instances. In the first of these cases, the injury occurring for the third time, the cicatrix of a previous operation ruptured during an easy labor. In the second, it occurred after version and instrumental extraction of the head in a labor of twelve hours duration. In the third case, it followed a labor lasting twelve hours, and terminated by a difficult forceps extraction. In seventeen cases, instruments were used, but only, as has just been remarked, after a prolonged labor (save in two instances); and to this latter influence, rather than to the instruments, the occurrence of vesicovaginal fistula must be almost universally ascribed; indeed, it constitutes an argument in favor of mechanical interference, which, fortunately, from the increasing extent it is nowadays resorted to, hardly requires be specially inculcated.

ON RETROVERSION OF THE WOMB.
NOTES OF A CASE IN PRIVATE PRACTICE.

By E. P. HEND, M.D., Newburyport.

THE following case of retroversion of the womb came under my observation in October, 1867, while engaged in practice in Canada East.

Oct. 17th, evening, I was summoned to go eight miles into the country to see a woman who had been, since the morning of the preceding day—so the messenger said—"suffering from a distressing complaint." All at once, while about her house-work, she had felt something "give way," and had since then suffered severe pain in her back and loins, with inability to void urine. I found my patient (a middle-aged woman) in bed, groaning with pain, which was principally in the lower part of the abdomen, and referred to the region of the urinary bladder. She had not passed urine since the period of attack, though so urgent was the desire that much of the time was passed in ineffectual attempts to micturate. I ascertained the following facts. Mrs. T. was pregnant, four months. Had been very much constipated, and had suffered from leucorrhœa. The day previous, she had felt the present trouble come on while lifting a wash-tub. Believes that her womb "came down." On making an examination, I found the entire abdomen distended. There was fluctuation, and percussion gave a flat sound. This swelling quite disappeared, when, on introducing a male catheter (I had ineffectually tried the straight tube), I drew off a chamber-pot full of decomposing urine.

Between the labia, filling the vagina, was a large, hard, globular tumor. It was slightly movable, and could be pushed up a couple of inches. I could pass the finger around it, its whole length posteriorly and laterally, but could nowhere find the os uteri. Through the walls of the intra-vaginal tumor I could distinctly feel the outlines of a fœtus. I diagnosticated retroversion. The globular tumor was evidently the *bas fond* of the uterus.

I vainly endeavored to replace it. The tumor could be raised a couple of inches or more in the axis of the vagina, no more. The body seemed to be thoroughly impacted in the pelvis. With an enema I cleared out the rectum, and endeavored, the woman being on her left side and her knees drawn up very high, to replace the retroverted fundus by my two fingers in the rectum. Again I failed. The patient implored me to desist, and I returned to my home.

The next day I saw Mrs. T. in company with Dr. W. L. Page. The urine was drawn off with the curved catheter, and attempts were again made to return the uterine fundus, but in vain. The mystery seemed to be how it ever came down, it so filled the pelvic cavity, and the brim was so narrow. Dr. P., who was many years my senior, gave it as his opinion that nothing could be done but leave the patient to the "course of nature." He believed the progress of pregnancy would raise the organ above the pelvis, and all would be right.

The next day I was sent for early. Mrs. T. was said to be in a dying condition. I made all possible haste, and found my patient *in labor*. The fundus uteri, with every labor-throe, protruded some inches through the labial orifice. Pulse 130, but strong. No signs of collapse.

I caused the bladder and rectum to be emptied, gave chloroform to anæsthesia, then grasping the fundus, I pressed upward with all the force I dared to use. There was little difficulty, as the parts were completely relaxed. By steadily pushing toward the plane of the superior strait, I felt the uterus escape above the promontory, and the os tincæ came with a bound against my hand. The relief, both to myself and the patient, was indescribable. A dose of laudanum was given. The labor pains, for a while arrested, returned in the evening, and a miscarriage was the result. The fœtus was judged to be of about four months' growth. There was no farther trouble about voiding the urine. Mrs. T. completely recovered, after a somewhat lingering convalescence.

Selected Papers.

ANATOMY AND PATHOLOGY OF THE
FALLOPIAN TUBES.

Translated from Der Katarrh der Inneren Weiblichen Geschlechtstheile, von Prof. Carl Hennig, Leipzig.
By J. C. JAY, Jr., M.D., and B. F. DAWSON, M.D.

ON Müller's filament, in the female fœtus, a tube is developed on both the right and left side, which individually connect with the upper and outer angles (*horns*) of the uterus, and the outer or free extremities of which eventuate in an opening surrounded with a fringe (*fimbriæ*). In the human fœtus these tubes are narrower at the portions nearest the horns of the uterus. Those exceptions in which the horns are large and

wide apart, correspond more nearly to the development in the lower animals.

In the adult woman the right fallopian tube is about $9\frac{1}{2}$ centimetres long, and the left $8\frac{1}{2}$ cm. The abdominal (or external) extremities of both are about 1.9 centimetre broad, and are surrounded with five large fringes about 1.2 cm. long, and ten smaller ones about 0.3 cm. long; the largest are on the extreme end. The fimbriæ farthest from the ends are so near the ovaries, that formerly they were supposed to be connected with those organs. The fact is, however, that even during childhood these fimbriæ are more than 8 millimetres from the ovaries, and never nearer than 3 millimetres, this distance being generally the same on both tubes, or if there be any difference, it is less on the left than on the right.

While the fallopian tube of each side rises from below and behind in a direction forward and upward, and so over the corresponding ovary, it usually follows the direction of the transverse diameter of the brim of the pelvis, in the first part of its course being a little nearer the posterior than the anterior wall, and then passes downward and backward to the body of the uterus, and so to its cavity. In this course, each tube from its fimbriated extremity to more than its middle, and often for two-thirds of its length, but most distinctly at its central portion, is slightly tortuous, and gradually lessens in size towards the uterus, so that the right tube, directly behind the fimbriæ, may measure 1.4, the left, 1.1 centimetres broad, and yet both at their point of entrance to the uterus may only measure 0.35 cm. in breadth. In their course through the uterine tissue, the tubes are homogeneous with the latter.

In the normal state the human oviduct is quite soft, and, from the fact of its lying in the free border of the broad ligament, is quite movable; near its insertion into the uterus, however, it becomes somewhat firmer, and its mobility at this portion is chiefly dependent upon the position of the uterus. Besides this passive mobility, it has also, as a hollow muscular organ, a peculiar though slight contractile power.

Its external appearance is of a pale gray color, with a slight rosy hue, its middle portion being slightly yellowish.

The wall of either fallopian tube measures at the free extremity from 0.33 to 0.15 of a centimetre in thickness, at the central portion from 0.2 to 0.16 cm., and at the point of attachment to the uterus about 0.1 cm. The cavity of either tube measures in di-

ameter at the fore extremity 1.5 cm., and at the ulterior end, 0.05 cm. Hence only the very finest probe can be made to enter either internal orifice.

The structure of the fallopian tubes, besides the fold of peritoneum which covers them anteriorly, posteriorly, and superiorly, consists of a comparatively wide-meshed connective tissue, in which are interspersed flat muscular fibres singly or in bundles, which are continuations of the muscular tissue of the uterus and broad ligaments. The muscular wall of the tubes consists of external long fibres, beneath which are transverse fibres. Both of these layers become more fully developed towards the uterus, and the external circular layer, which just before the entrance of the tubes into the uterine tissue measures from 0.095 to 1.3 millimetres in diameter, at the point of insertion measures 0.38 mm. At this point, also, we find the external circular and longitudinal fibres interwoven with each other.

Hence we prove the existence of the *sphincter tubæ*, which had been asserted to exist by Aran. The tubes also possess elastic fibres, which are most distinctly demonstrable before puberty.

Internal to the middle or muscular coat above described, we have a mucous membrane of from 0.07 to 0.06 cm. in thickness. It lines the entire course of the tubes, and here and there is marked by numerous creases and folds.

I have counted from 3 to 5 such large folds, and from 34 to 40 interfolds, making from 8 to 10 smaller folds between two larger ones. The nearer we approach the uterus the fewer and finer these folds in the mucous membrane become, as also more equable in size; in the interstitial portion of the tubes (that portion within the horns of the uterus) these folds are no longer recognizable to the naked eye.

The mucous membrane is quite firmly attached to the subjacent tissue, and in the narrow portion of the canal is of a pale yellow or yellowish gray color; near the free extremities of the tubes, however, it is of a reddish color, with grayish white spots and lines; but during menstruation, throughout its entire surface, it assumes a dark red color.

Imbedded in the substance of the mucous membrane are numerous glands, which are perpendicular to the free surface of the mucous membrane, and are most abundant and well developed in the widest portions of the canal of the tubes; at the latter point especially they are found be-

tween the longitudinal folds mentioned, and into which they empty at right angles. The distance between these glands does not quite amount to the breadth of a single one. These glands are generally single, but often forked, so that two blind sacs coalesce into a common one. Some of them subdivide at their base into four or five branches, forming a grape-like mass; and in a few instances they form several intestine-like coils having a common investing membrane, similar to the sweat follicles, and likewise a common emunctory.

The length of these glands is from 0.133 to 1.2375 of a millimetre; the breadth, at the orifice, from 0.0418 to 0.067 of a millimetre; the breadth, at the base, from 0.057 to 0.1425 of a millimetre. Their walls consist of a delicate, transparent membrane lined with non-ciliated cylindrical epithelium. These epithelial scales are long and ellipsoidal, with generally single elongated nuclei. The length of these epithelial scales is from 0.0076 to 0.0114 of a millimetre, and their breadth from 0.0028 to 0.0095 of a millimetre.

Sometimes the epithelium lining one gland is continuous into one or more adjoining ones, so that several glands in a fold of the tubal mucous membrane may have a common *Endoadenion—sit venia verbo!*

METHOD OF DEMONSTRATION.—As these tubal glands are not demonstrable in the human subject by a simple preparation (a section made by a double-bladed knife), it is best, according to my experience, to macerate the tubes for several days in liq. ferri sesquichlorati, and then to dry them in the air for three or four days; their sections are then made with a razor, and soaked for 24 or 70 hours in glycerine. By this process I have obtained most beautiful specimens for demonstration.

As we approach the uterus, these tubal glands diminish in size and number. In the interstitial tissue of the tubes I have only been able to find short, single glands, similar to those of the vagina; they could with difficulty be distinguished from minute indentations of the mucous membrane.

The glands of the wider portions of the tubes are from 0.01 to 0.02 millimetres long and 0.001 broad, and are surrounded by from one to three layers of broad, smooth muscular fibres; these fibres undoubtedly aid in the expulsion of the contents of the epithelial cells and the free mucus. Very often, especially in catarrh of the tubes, glandular epithelium is found on the free surface of the mucous membrane. After

the above facts had been corroborated by my professional associates, I searched in the appropriate text-books for a similar description. Only in Bowman's work upon mucous membrane, however, did I find an intimation that he had probably seen these glands in the human female. But their description, which I here insert, is so incomplete and somewhat incorrect, that I am inclined to believe he has striven to demonstrate what the microscope failed to demonstrate to him:—

"The lining membrane of the fallopian tubes, as also that of the uterus, is of a complex nature, especially during gestation, consisting of tubules arranged vertically to the free surface. It is observable that the ciliæ only cover the free surface, and that the epithelium lining the tubules is spheroidal, or intermediate between that and the prismatic variety. It is a form of the glandular variety, and bears no ciliæ."* To this Kölliker replies: "The tubal glands, spoken of by Bowman, I have never seen."†

While my researches have confirmed the existence of the glands discovered by Bowman, I must, however, remark that their description by the English investigator is not suitable to the tubal glands of the human subject. Nor can they properly bear comparison with those of the uterus, for they are much shorter, and more open and purse-shaped, resembling, therefore, compound glands, whether seen as many-pouched tubules, or as glands possessing a continuous cell-lining with adjoining ones. Moreover, the epithelium of the normal tubal glands is by no means "spherical," or "intermediate in form between that and the prismatic."

In regard to the presence of similar glands in the fallopian tubes of animals, Leydig does not mention whether the tubal mucus of the mammalia contains glands. In a male he saw short glandular follicles, "which were always grouped together in numbers, having a common lining"‡—hence quite analogous to the human tubal glands. The comparison of the human fallopian tubes with those of the lower animals is hardly proper, as in the latter these organs perform other functions. One peculiarity is, however, worthy of remark; in frogs, after the ova have passed through the tubes, the latter become of a yellowish-white ap-

* R. Todd. *Cyclopaedia of Anatomy and Physiology*, London, 1839-1847, vol. III., p. 497, article on "Mucous Membranes."

† A. Kölliker. *Mikroskopische Anat.*, Leipzig, 1854, II. Bel., 2 Hälfte.

‡ Fr. Leydig. *Lehrbuch der Histologie des Menschen u. der Thiere*, Frankfurt a. M., 1857, S. 542.

pearance, which color is due to the fact that the albumen remaining in the cells of the tubal glands changes into fat corpuscles. I shall, further on, not only speak of the change of the entire contents of the glands of the human fallopian tubes into fat globules, but also of a similar fatty degeneration of the tissue of the tubes themselves—only, however, as will be shown under abnormal conditions.

Even among the invertebrates, compound or single cells have been found secreting the mucus of the tubes. The function of these accessory glands is to give a viscid covering to the ova in their passage through the tubes.

The epithelium of the free surface of the tubal mucous membrane is ciliated, and is also continuous with that of the cavity of the uterus. This ciliated epithelium lines the entire canal of the fallopian tubes, and extends even beyond the fimbriated extremities or to a portion of the serous covering of the tubes.

The length of this epithelium is from 0.0247 to 0.285 millimetres.

The breadth of this epithelium is from 0.0095 to 0.133 millimetres.

Under peculiar circumstances, the ciliated epithelium of the mucous membranes of the tubes, as well as that of other portions of the genital organs, are marked with fine parallel longitudinal lines, which in rare instances are crossed by equally fine transverse ones. I doubt whether these lines

betoken a healthy condition of the cells (see U. Freidreich, *On the Structure of the Cylindrical and Ciliary Epithelium*; Virchow's Archiv., XV., Band. S. 535).

The epithelial lining of the human fallopian tubes being formed in layers, it is only those cells that are uppermost and occupy the free surface of the mucous membrane, that have cilia and a cylindrical form of the length above mentioned; the deeper layers are composed of short, almost round cells.

The cilia during life, and even sometimes after death, have a motion from without inwards: that is, from the abdominal surface of the tubes towards the uterine cavity. They can be seen still moving if the contents of the tube is very alkaline, even thirty-six hours after death.

The mucus of the tubes is generally composed of a thin grayish film, of single, and occasionally, grouped ciliated cells, and glandular epithelium, which are mixed with some mucous secretion, and an albuminoid mucus which I shall hereafter describe by the name hyaline. This is probably absent in a perfectly healthy condition; we cannot with as much certainty, however, assert that free fat is absent in the normal mucus, for ciliated epithelial cells undergoing fatty degeneration are almost invariably found, even in young subjects. Such cells, just beneath the cilia and immediately above the nucleus, have from two to four fat granules.

I will now represent in tabular form the growth of the right and left fallopian tubes:

	Age.						
	7th foetal month.	1st year.	2d-5th year.	6th-10th year.	11th-20th year.	21st-24th year.	46th-81st year.
Length of right tube in centimetres.	1.7	3 to 4	5 to 7	7 to 8	6.5 to 11	11.3 to 16	12 to 9
Length of left tube in centimetres.	1.7	3.3 to 4.4	4.6 to 7	6.5 to 8	7.5 to 12.5	11.2 to 15	12.5 to 8.7

Up to the seventh month of foetal life both tubes are of equal length; from that time, however, the growth of the left is a little less than that of the right. The average result of 10 examinations of girls who died before puberty was as follows: The right tube measured 5.98 cm. in length, the left 5.7. The average of 9 examinations of virgin women who died between the ages of 16 and 81, was 9.5 cm. for the right, and 8.5 cm. for the left tube. After the menopause the oviducts may grow from 2.5 to 4.5 cm.

During the active period of the sexual organs, the difference in length between the two tubes is less marked; the average

of 22 examinations in married women under 45 years of age, gave for the right 11 cm., and for the left 10.9 cm. After menopause, however, the difference is striking, being in 12 women examined between 46 and 80 years, 9.75 cm. for the right, and 9.1 for the left.

In young children the ciliated epithelial cells are very small, and in every respect to those of the Wolffian bodies. I have been able to demonstrate their presence in a girl of 12 years of age.

In only a few women—17 out of 74 who furnished material upon which the above descriptions are based—the enlarged extremity of Müller's filament remained as a

type of the embryonic condition of the fallopian tubes, and in a few was transformed into a vesicle.—*American Journal of Obstetrics*.

THE RELATIONS OF THE MEDICAL PROFESSION TO MODERN EDUCATION.

FROM an Address delivered at the Commencement of the Medical Department of the University of Vermont, June 16th, 1869, by Edward S. Dunster, M.D., Professor of Obstetrics and Diseases of Women and Children, we make the following extracts. The address originally appeared in the *New York Medical Journal*, December, 1870.

* * * How stands the case now with the profession of medicine? It is the only one of the learned professions which does not plant itself on the dogmas of either authority, precedent, or tradition. Its doctrines are based upon the eternal and immutable laws of Nature, and are estimated by high scientific standards. Precedent and authority carry no weight here, except in so far as they accord with the principles which science has proven, and has established as reliable guides. There is none of that blind devotion to old ideas and methods which has so hindered progress in other callings, and which has rendered our educational systems so inadequate and unsatisfactory. The *old* is valued only as it squares with the *new*. The *past* is estimated solely by the standard of the *present*.

Not only does medicine thus discard authority, precedent, and tradition, but, first, its methods of study are purely scientific; and, second, its studies comprise the whole range of the physical sciences. The knowledge of these sciences, which has so often and ignorantly been condemned as unnecessary to the practising physician, has of late years far outstripped all other branches of human learning. It is the application of these sciences in biology which has given the physician that truer insight into the nature of the living body with which he has to deal, upon which depends the proud eminence of the profession to-day. "The essence of science," says Prof. Acland, "lies in observation, comparison, and classification; in precision of data and precision of argument." This is precisely what is required in the study of medicine. Indeed, it may safely be affirmed that there is scarcely anything true or valuable in medicine, beyond some of its therapeutical applications, which has not been wrought

out and approved by scientific research. Observation, of course, is the basis of all knowledge; but, unless we do something more than observe—no matter how large may be the accumulation of facts—we can lay no claim to scientific method. There is not a single one of the physical sciences which is not contributory to medicine. On them the physician relies, and an understanding of, at least, the principles of them is absolutely essential in his study and his practice. Chemistry and mechanics, acoustics and optics, electricity and galvanism, the production and action of heat, the indestructibility of matter, the correlation and conservation of forces—these and all the other physical sciences are required to explain the many and varied healthy phenomena, or to correct the unhealthy phenomena, which are brought under the notice of the physician.

Covering thus, as it does, the whole range of physical sciences, and doing its work in strict accordance with scientific methods, medicine is entitled to rank as a science. It is constantly objected to this claim, that it is not an *exact* science. There is a very general, though vague, impression abroad that, while medicine is somewhat indefinitely scientific in its bearings, it is neither one thing nor another—a sort of a hybrid, entitled to no consideration whatever. Now, this objection can lie, to use a legal phrase, only against the *methods* of study and investigation which are employed, or against the *results* attained. It does not apply to the methods, for the methods are the same, as has been seen, that are employed in all other sciences, and as much nicety and precision are requisite and manifested here as elsewhere. As to the results, the objection at the present time is true to a certain extent. It arises from the great diversity of the study—including all the sciences—and the enormous number of interfering conditions met with in so complex a structure as man, the principal object of the physician's study. But, as we advance in our study and perfect our methods of investigation, we are able to appreciate more accurately the value and significance of these disturbing conditions, and make allowance for them, just as the astronomer allows for the aberration in the movements of planets or for the effects of the refraction of light. Thus we are, one by one, eliminating these sources of error, and gradually our results will approximate the accuracy of the fixed sciences. In its *essence*, therefore, both so far as concerns the methods of study and the results attained

and attainable, medicine is an exact science. The study is only in its infancy when we take into consideration, the period during which it has explicitly and directly called science to its aid, or, in other words, has had a scientific basis. Therefore, many of its laws are imperfectly elaborated, and many of its old errors are yet uncorrected. But the incorporation with it of advancing science is every day adding certainty to its results, overcoming former prejudices, and dissipating error. And in this very fact are founded the high hopes we entertain of the continued progress of Medicine, for she does not hesitate to acknowledge her error when new truth has convinced her of a mistake, and, however devoted she may be to-day to any theory or system, if to-morrow advancing science proves that theory or system incorrect, she will not let it encumber her progress, but will sweep it from her path as remorselessly as the whirlwind crushes down the forest in its destroying track. Hence the unnumbered remains, dead and dying, of erroneous doctrines that may be found scattered along the wayside of the historic march of Medicine.

It is apparent, then, that the medical profession, although trained for a specific occupation, must have a scientific education, and we have above seen that the tendency of modern education is in the same direction. "Scientific education," says Mr. Mill, "apart from professional objects, is but a preparation for judging rightly of man, his interests and requirements." Now, if this assertion may be accepted as a postulate (and no one, I believe, can justly take exception to it), it forms a strong point in our argument, that the physician must take control of the coming education; for his culture, and his alone, enables him to judge rightly of man, his interest and requirements. This is his peculiar office, the highest and most ennobling of his duties, and, in the use of the term education, we have expressly extended its application to the broadest limits, and have excluded its subordinate and narrow features. * * *

More than two centuries ago, Descartes, one of Europe's keenest thinkers, said: "If it be possible to perfect mankind, the means of doing so will be found in the medical sciences." With a far-reaching prescience, he anticipated the influence which these sciences, then in a crude, almost chaotic condition, would inevitably exert. We, to-day, have only to look around us, to see this influence manifested in a thousand different ways and directions. And, although we are yet far from perfection, and may

never reach it, it cannot be denied that the influence of these sciences is tending toward that end, toward man's improvement, mental, moral and physical—the most ennobling duty and privilege, perhaps, of the new education.

LIFE INSURANCE.

THE concurrent appearance of American Life Offices in the British market and the passing of Mr. Cave's Bill for the better regulation of English offices naturally suggest a closer attention to the comparative condition of the American and the British law and practice. After the scandalous facts which came to everybody's knowledge concerning certain English offices of high pretensions, it was evident to every one that legislative interference for the protection of personal and family interests, largely involved in such companies, had become absolutely necessary and solemnly incumbent. Although the Act now in force for this end has most stringent regard to Associations which may be formed in future, yet it makes obligatory upon such as already exist, periodical statements of accounts placed before the authorities, the public at large, and the parties more interested especially, of such a nature as to constitute at all events some guarantee against the repetition of that wasteful, not to say fraudulent, trifling with the hard savings and the rightful expectations of the many, of which the revelations of the year of panic afforded abundant and sickening proof.

In considering the claims and merits of American offices, whether as confined to their own country or as proposing to transact business in ours, it must never be forgotten that they took the precedence of ours, and, in fact, set us the example of submitting their proceedings to the periodical inspection of public functionaries appointed for the purpose. In the several States where life insurance is carried on by offices established within their bounds, not only is it compulsory on those offices to report progress from time to time, but special commissioners are appointed to look after them, rigorously to examine the returns made, and officially to report and record the results of such examination. In the Empire State of New York, as in several other States, each Life Insurance Company is required by State law to make a deposit of equal to twenty thousand pounds sterling with the State in which it carries on business. The Companies are further called

upon to produce sworn statements annually of their assets and liabilities, income and expenditure, in full detail.

It is the duty of the State Commissioner, with these facts before him, to form a valuation of each office, upon a basis prescribed by law, with a view to ascertaining, for information and guidance, the amount of the liability or the reserve under policies outstanding. This important functionary is likewise empowered to investigate for himself the affairs of any particular Company which may be under a suspicion of being in a condition of insolvency. If, after such investigation, he see just occasion for prompt action and decisive steps, he is authorized to arrest by legal process the course of the delinquent office, and prevent its management from continuing to do business.

Provided always that this important and responsible duty is confided to men properly qualified and of inflexible uprightness, the arrangements concerning it leave little or nothing to be desired. Evasion of the requirements can only be effected by the offices of false swearing, which would prove a very dangerous resort. Let tricks of this sort be reasonably suspected, and probing investigation would promptly follow; while detection would lead to instant conviction, and conviction to rigorous punishment. These are some of the grounds which Englishmen taking out policies in an American office would have for persuading themselves that the risk of insurance is far from being in proportion to the breadth of the Atlantic, but that, on the contrary, the straits of Dover joined to a country and people entirely foreign might make a greater difference in point of security than that vast ocean joined to a country and people that, though politically foreign, are in law and language, morals and manners, our next of kin.

The State laws in several of the States would seem to give securities which may be admitted to be so far quite satisfactory and perhaps complete, and it only remains to form a general law for the whole commonwealth, based upon the same principles and adapted, on the widest scale, to fulfil the same useful and necessary ends. We take the liberty, therefore, of suggesting to the government at Washington, through their respected representative at this Court, the establishing a National Bureau founded upon the practice of individual States, and resulting in the formation of a distinct Administrative Department, with uniform laws and regulations for the whole country.—*Dublin Med. Press and Circular.*

VOL. VII.—No. 3B

Reports of Medical Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY. REPORTED BY DR. F. W. DRAPER.

THE Society met Dec. 31st, 1870, the Vice President, Dr. G. H. Lyman, in the chair.

The Section of Microscopy, to which had been referred the investigations of Dr. Carl Both in refutation of the views of Kölliker concerning the relation of the vessels and the pulmonary alveoli in healthy lung tissue, reported through Dr. Webber that, after careful consideration of the theories of Dr. Both and an examination of his microscopical specimens, they were not convinced of the accuracy of the claims advanced, for two reasons, viz.: that the sections of pulmonary tissue were too thick to show the alleged relation, and that they had been taken from the lower animals and not from the human subject.

Dr. J. C. Warren exhibited a specimen of melanotic sarcoma of the liver. Eighteen months before the patient's death, one of his eyes had been enucleated for the same disease. Six weeks only before death symptoms of hepatic disease manifested themselves, and during that period persistent icterus was present.

Microscopically, the liver presented no healthy portion, the parts which appeared normal to the eye having undergone partial fatty degeneration. The organ was enlarged and exhibited two well-defined sections—one showing marked melanosis, and the other, enclosed within the former by distinctly defined boundaries, yellow in color, in a necrosed condition and containing broken-down melanotic cells. Coagula in the portal circulation also contained the melanotic cells.

Dr. Bowditch suggested the possibility of a diagnosis by means of the microscopical examination of the blood before death.

Dr. John Homans exhibited the head of a femur of a child of 12 years. It had been excised for hip disease. The cartilage was entirely eroded and two-thirds of the bone itself was absorbed.

Dr. William Ingalls reported a case of aneurism of the abdominal aorta, which had been characterized by a marked absence of distinctive symptoms. The patient, a man of 35, had kept at his work until within a month of his death. The true condition of the aorta was not diagnosticated with certainty, because of the obscurity of the symptoms. There was a diffused inelasticity.

city, with dulness on percussion, confined to one side of the abdomen. Pain was felt only in the region of the hip of the same side. Pulsation in the tumor was indistinct. There was no point of time when rupture of the aneurism could have been determined, and death appeared to result from as-thenia.

Dr. Webber exhibited the post-mortem specimen of the foregoing case. The arteries were atheromatous. The aorta had expanded just at the coeliac axis into an aneurism of the size of a man's fist. There was commencing erosion of the bodies of two vertebræ, and the left kidney was pressed forward. The aneurism had ruptured inferiorly, and the abdomen contained a clot of large size.

Dr. Jackson said that, in his experience of such cases, in which there was rupture without lesion of the peritoneum, instantaneous death was the rule. Error in diagnosis was not uncommon, on account of the obscurity of the symptoms. He had noticed that a species of lumbago was a characteristic symptom.

Dr. Webber demonstrated the microscopical characters of miliary aneurisms of the arteries of the brain, by means of a specimen from a subject dead from locomotor ataxy, with cerebral symptoms toward the close of life. There were found in the white matter of both hemispheres, numerous small cavities filled with serum. The arteries at the base of the brain were atheromatous.

Dr. Webber showed two ossa innominata extensively eroded by cancer.

Dr. Treadwell read a paper criticizing the diagnosis of the case of progressive muscular sclerosis, reported in the Boston Medical and Surgical Journal for Nov. 17th, 1870. From his own knowledge of the history of the case, he deemed the disease to be chronic tetanus.

Dr. Waterman gave the history of a case of popliteal aneurism, simulating in its symptoms chronic synovitis, the knee being nearly immovable, greatly swollen, and painful. Sudden external hæmorrhage, with greatly increased swelling of the leg and thigh, confirmed the diagnosis of aneurism, and indicated immediate amputation of the thigh in its middle third. The patient died in a few hours from shock and the exhaustion consequent on the hæmorrhage.

The soft tissues of the thigh and leg were found extensively infiltrated and burrowed by the blood from the ruptured aneurism. The aneurismal tumor was hard, globular,

and of the size of an orange. It seemed to have undergone spontaneous cure, and, finally, to have ruptured inferiorly near its base, leaving a scarcely recognizable valvular aperture.

Dr. Jackson exhibited a finely executed cast of the elbow of a sailor, thirty-five years old, who, when twelve years of age, had suffered dislocation backward of the radius and a compound fracture of the ulna. The case had no surgical care. After an interval, a few pieces of bone exfoliated, and the elbow recovered but with much deformity. The forearm was shortened two inches. The head of the radius projected posteriorly, forming a well-marked conical prominence. Notwithstanding the deformity, the man was able to perform duty as a seaman.

Dr. Garratt showed an English electric disk apparatus, and contrasted it with his own invention.

The Society adjourned.

Medical and Surgical Journal.

BOSTON: THURSDAY, FEBRUARY 2, 1871.

PRESCRIPTIONS IN ENGLISH AT THE GENERAL COURT.

WE have received a report on the hearing at the State House, on Saturday, concerning the writing of physicians' prescriptions in English. It was drawn up at the suggestion of one of the profession by Mr. H. W. Lincoln and other well-known apothecaries, and is interesting and valuable throughout; their views, however, are so nearly coincident with those we ourselves expressed in our Editorial of last week that we think it unnecessary to repeat them, and only give portions on subjects not touched by us.

"This proposition seemed so absurd upon the face of it that probably few who might have been interested took any notice of it. But lest their apathy might be taken for want of interest, or from the supposed weakness of their cause, a few members belonging to each of the classes referred to in the order gave, at the request of the committee, their reasons why the object sought for could not be accomplished in the way proposed."

"This seemed to be the opinion of the medical fraternity generally. As regards

the matter affecting the apothecaries, many examples were given by Messrs. Hovey, Markoe and Lincoln to prove that a change would cause more confusion and more dangerous consequences to the public than by the course at present adopted. It was stated that while many medicines had several names in English, there was only one name in Latin. Also, that Latin names were almost always given to express some medicinal property of the plant, its botanical character or its apparent properties, which would serve to distinguish one plant from another. Also in chemical substances not only their properties, but their definite composition, were expressed by the Latin name. It was also stated that as a convention of apothecaries and physicians met once in ten years to amend the U. S. Pharmacopœia, which was the authority for the names used, it would be very difficult for Massachusetts to legislate for Washington or New York. Now a prescription properly written can be put up anywhere, from St. Petersburg to the Sandwich Islands, which could not be done should the proposed order be adopted. Other arguments were used of a similar character, which the committee listened to with much attention. The remedy offered by the apothecaries was that a higher grade of qualifications should be required from pharmacutists, and stated that a petition had been signed by nearly every apothecary in Boston, asking that a law might be passed to accomplish this object. The committee intimated that they should not take any action on the order until the petition of the apothecaries had been presented. As it may be thought that the petition had been got up on account of the order, it is fair to say that it has been in progress many months, and has been offered after mature thought and consultation among apothecaries. A law was passed last winter by the Legislature of Maryland, for the city of Baltimore, which embodies the general principles of what is needed, and will be probably used as the basis of an act to be asked for from the Legislature of Massachusetts. This is a move in the right direction, and if it should receive the sanction also of the medical profession will be the harbinger of better days to both and also to the public."

VENTILATION OF THE BOSTON CITY HOSPITAL.

MESSRS. EDITORS,—The Boston City Hospital having been constructed and being

supported out of the public taxation, all citizens have a right to inquire into its conduct. The problem of the ventilation of public buildings being one of great interest to ourselves among many lookers-on, we naturally await the results of experience in this direction, with the expectation that we shall be duly informed of them. Among the methods of introducing fresh air into hospital wards, that of forcing it in by engines constructed for the purpose has been employed. An elaborate apparatus of this kind we saw at the hospital for consumptives at Brompton (London) many years ago. It had proved a failure, and was disused. When the Boston City Hospital was opened we, in common with a host of other medical men, inspected the elaborate mechanism for carrying fresh air into that institution. Some six or seven years having elapsed since that time, and an elegant and portly volume of "Medical and Surgical Reports" of the Boston City Hospital (covering a period of five years) being before us, we open it eager to learn what measure of success has been awarded to the undertaking to furnish the sick with pure air. The valuable and elaborate professional reports are preceded by a "History and Description of the City Hospital," signed by the members of the Board of Trustees. This last mentioned paper contains an account of the ventilating apparatus shown to us in 1864. We look for a statement of the results of its practical working and find—nothing!

What does this mean? Are the Trustees unaware of the importance of the subject, or of the wide-spread interest in it?

That the medical and surgical attendants must have concerned themselves about it, we well know. We make inquiries, and find to our surprise that these gentlemen on the first of July, 1868, drew up a formal report to the Board of Trustees on the "subjects of ventilation and cleanliness," pointing out deficiencies, and that the Trustees received this report and did nothing. That report was signed by all the physicians and surgeons except one who was out of town. A vote was also subsequently passed by the Medical Staff, requesting the Trustees to *measure* the ventilation by competent experts like Pickering and Henck of the Technological Institute. This proposal the Trustees verbally acquiesced in, but failed to carry out. Six months later the request was repeated by formal vote—no result.

We have obtained a copy of the above

mentioned report of the physicians and surgeons to the trustees, and present a few extracts from it.

After setting forth that "experience both in Europe and America has conclusively proved that absolute *cleanliness* in its broadest sense (in which term is included clean air as its most important element) is the one thing needed in hospital management; never yet attained in any hospital in the world, but perhaps not unattainable;" they go on to say that the "Boston City Hospital, of which we are all proud, and which we would make if possible the best in the world, is perhaps ventilated as well as most civil hospitals here or anywhere, and yet is so obviously defective in this respect that we believe it to be the direct and positive means of both propagating and originating disease. The system relied upon by its builders for introducing pure air * * * has been tried at the Lariboisière Hospital in France, and in several great hospitals in England, and is pronounced in the report of the medical officer of the Privy Council for 1864 a failure. * * * How it would work in our case is unknown, since it is not used continuously, and is hardly ever used at all."

"The House officers of the year ending last April are of opinion that during their term of service the fan was running not more than one-tenth of the time. The present House officers have seen it running on one occasion only during April, May, and June." * * *

"Yet we think that * * * [the system] should be fully and fairly tried. In our long wards the ventilation is in summer by windows and doors; and these can be made to change the air with great rapidity, if it is the special duty of some one to see that they are kept open. In winter this simple and efficient form of ventilation, which can never be entirely dispensed with, is aided by fresh warm air rising by being heated in coils of pipe beneath, and coming into the wards precisely as it does from the hot air registers in our houses. It escapes as it best can through windows and doors, and cracks and crannies of every sort; a small portion finding its way through eight small openings into flues which are not heated and which are capped by (so-called) ventilators. Some of these flues indicate a current, others none at all. There are also fireplaces through which, *without fires*, the currents are doubtful. The air which thus escapes is very trifling, and from the upper openings is probably the best in the room, as the heated air rising from the registers

flows to the ceiling, near which these openings are placed.

"The testimony of all medical officers who have had occasion to visit these wards during the night in cold weather, is that they are oppressively foul.

"The third pavilion is much worse, however, than the long wards, bad as they are. Here, unless the fan is running, the heat is derived exclusively from coils of pipe standing in the room, and the only fresh air which enters them, except by a small opening under the coils, is through the door and window. When these are closed, or even when the door is open and the hall-door closed, the atmosphere is dangerously impure." * * *

"They would also recommend that the plan of ventilation upon which the hospital was constructed be fully tried. In order to do this, *the fan should be kept running day and night at all seasons when artificial heat is required in the wards.*

"These observations are made," it is said in conclusion, "not in the spirit of fault-finding or complaint, but that all who are concerned in the management of the hospital may understand how great we believe to be the deficiencies in what is most essential to its perfect success."

The preceding extracts speak for themselves. But lest readers at a distance should be led to misapprehend the status of the professional gentlemen connected with the hospital, we will add that the latter are appointed, like the medical and surgical attendants of other similar institutions, on account of prominent merit; that they render their services gratuitously; and that some at least among them are not anywhere surpassed as to eminence in their respective departments.

CIVIS ET MEDICUS.

EPISTAXIS AGAIN. *Messrs. Editors*,—Several articles have, of late, appeared in your JOURNAL on a method of stopping hæmorrhage from the nose. The following case presents another method, which may be in common use, but which I have not seen anywhere mentioned.

A month ago I was called to an Irishwoman, who had been bleeding from the nose, most of the night, as was said. I found her with discolored eyes and flattened nose, still bleeding, though not profusely. In a vessel beside her bed was, apparently, more than a pint of arterial blood, besides quite a quantity spattered over the bed, the furniture and the floor. I threw her head

back, somewhat, and poured, from a spoon, a little dilute Monsel's styptic into each nostril. The hæmorrhage at once ceased and did not recur. **

THE PANCREATIC COCOA, mentioned in our advertising columns as being for sale by Messrs. Metcalf & Co., was imported by a private gentleman for personal use. A portion of the lot is placed at the disposal of Boston invalids, in order to give physicians an opportunity to test its advantages in their own practice. It is said to be the only sample of the article in the country.

OUR FRIEND DR. C. B. BRIGHAM, of Boston, has deservedly met with much success in his clinic at Nancy, in France, as well as in securing the good-will of the military authorities under whom he is now acting. We have already published a series of interesting cases in his service (*JOURNAL*, January 26, 1871). We now copy an item, contained in a secular paper, relating to the same gentleman.

"The Americans have had better luck. At Nancy I visited the ambulance that the young Dr. Brigham had established there, and where he tended an equal number of Germans and French. The new authorities wished to have the last evacuated, but the doctor, with an energy altogether American, has set his face against it, and succeeded in keeping all of his invalids. I have seen him at his work, and I have heard many benedictions follow him from his wounded ones, whom he treats as if they were his children. He has shown me several anatomical pieces that he has had great difficulty in preserving from the scientific zeal of Messieurs the German doctors."

A REPOSITORY OF AMERICAN MEDICAL WORKS.—The medical profession, and scholars generally, are aware of the ephemeral form in which most of the early American contributions to the literature of medicine were given to the world, and, indeed, in which many of the more recent are being published. This condition of much of our professional literature is deeply regretted by all, and particularly by those whose taste and research lead them to refer to this class of works, when the fact is made apparent that whole editions of tracts and books have entirely perished through ne-

glect. With a view to provide against such a contingency, and preserve, for the benefit of the profession, in some accessible and central locality, copies of all home medical publications, the American Medical Association, at its annual meeting in May last, resolved to establish at Washington, D. C., a library or repository of American medical works, to which it is believed all the current medical literature of our country will be cheerfully, promptly and constantly contributed.

It is designed that this repository shall contain copies of every contribution by American physicians to the literature and science of medicine, from the earliest settlement of our country, no matter how or where published, including all the books, pamphlets, journals, and even unpublished manuscripts, that can be collected.

The Secretary, Prof. Henry, of the Smithsonian Institute, has generously granted the use of a room in that fire-proof building for the keeping and preservation of the Library of the American Medical Association, under the charge of its own librarian. The accommodation thus offered the Association for accumulating and preserving its library free of cost is generous and most encouraging. Gentlemen having scarce and valuable American medical publications will not hesitate to deposit them in such a safe, central, and national repository, where they will be preserved from destruction and their usefulness secured to the profession.

An appeal for contributions to this library is now made, personally and distinctly, to each and every American physician, medical publisher, and editor, to deposit copies of their works in this repository, where they will be carefully kept for reference and catalogued with the name of the donor.

Contributions of the class of works mentioned, are respectfully and earnestly solicited from every source. Packages may be sent by mail or by Adams's Express, to either of us, which will be promptly acknowledged on reception, and a record of titles kept.

F. A. ASHFORD, M.D.,

No. 1330 New York Avenue, Librarian.

JOSEPH M. TONER, M.D.,

No. 615 Louisiana Av., Library Com.
Washington, D. C.

ANOTHER MONSTROSITY. By BENJ. THOMPSON, M.D., New Garden, Pa.—I was called, on the morning of the 5th of May, 1869, to attend a Mrs. —, in her fourth labor, æt. 27, and weighing about 116 pounds, when

in health. On my arrival at her residence, at about 8 o'clock in the morning, I was informed that she had ceased to menstruate the last week in August last, and therefore considered herself in the eighth month of pregnancy, and that about four hours previous to my arrival she had experienced three or four very severe pains, with the discharge of the waters, attended with quite free hæmorrhage. On examination per vaginam, I found that she had lost considerable blood, but that the hæmorrhage and pains had nearly ceased. The os uteri was but little dilated and high up, with discoverable indications of labor.

After remaining about three hours and observing no considerable change in the symptoms or immediate necessity for my presence, I left to visit other patients, with the understanding I was to be sent for immediately on the recurrence of pain or hæmorrhage. Not hearing from her, however, in the meantime, I called to see her on the following morning, arriving about 8 o'clock, when I was informed that very strong and frequent labor pains had set in about twenty minutes before, attended with a return of hæmorrhage. On examination, I found the os dilated so as to admit two arms down to the shoulders, a *right* and a *left*, with prolapsus of the cord *without pulsation*. I immediately informed the patient that she had a *cross-birth* and it would be impossible for the child to be born by her own *unaided efforts, while in that position*; that it would be necessary for me to rectify the position by *turning*. The pains were *very strong*, with but slight intermission, attended with hæmorrhage, and the waters drained off for twenty-four hours when I proceeded in the attempt to turn.

Introducing my hand with some difficulty into the womb, I carried it along the body of the child until reaching the legs resting on the left ramus of the pubis—a *right* and a *left leg*; seizing the feet and with considerable difficulty in the short intervals from pain, I succeeded in turning the child, but in bringing the body down into the pelvis, some obstruction to further progress was apparent, which on examination proved to be the presence of another child. In this emergency I determined to hold on to the first child and deliver it; when, by strong traction, aided by the expulsive efforts of the mother, the hips of the first child were delivered. Here, again, there appeared to be an arrest of further progress, when, upon further examination, I became satisfied that the second child was following or accompanying the first, and that they

were united, the heads about engaging in the superior strait.

With strong efforts upon the part of the mother, aided by considerable traction, they were finally delivered, the *head of the one pressing against the neck of the other*.

They were well-developed female children of eight months, and closely united from the umbilicus to the superior extremities of the sterni, with but one umbilicus in common, and but one cord, though containing six vessels, the cord dividing one and a half inch from the placenta, a single cord then passing into each side of the afterbirth.

There was but one set of membranes, which corroborated what the patient had previously informed me in regard to the discharge of the waters, and is confirmatory of a physiological theory in regard to the development of the sexes. The case, to my mind, presents some points of interest. Firstly, it was a case of placenta prævia. Secondly, it was a cross-birth, with shoulder presentation, requiring the operation of turning twenty-four hours after the discharge of the waters. Thirdly, it was a *monstrosity—Siamese twins*. Fourthly, it demonstrates the fact that twins can be delivered with the head of the one pressing against the neck of the other. The children were not living, and I suppose were not for some hours previous to delivery. The mother made a speedy and favorable recovery. I preserved the children and deposited them in the Wistar Museum of the University of Pennsylvania.—*Medical and Surgical Reporter*.

FEMALE MEDICAL STUDENTS IN EDINBURGH.

—The letter of our Edinburgh correspondent gives details of a disgraceful riot at the College of Surgeons there. It appears the "lady students" have been dissecting the genital organs in the same room with "gentlemen" students! Hence a scene of blackguardism unparalleled in the history of Medicine. This business of female medical teaching has become a most serious public scandal. Why does the College of Surgeons of Edinburgh allow of the provocatives to the riotous proceedings referred to?

We do not for an instant wish to palliate any violence or riotous proceedings of which any of the Edinburgh students may have been guilty; but if they are to be blamed, what is to be said of the systematic infringement of the laws of decency by the dissection of female or male subjects by women, in the presence of men, in Dr. Handyside's dissecting-room, which has led

to these outrages? If women desire to practise medicine, let them do it, if they can. But if they are to do it, public opinion must not be outraged. It must be clearly understood that they must have teachers, dissecting-rooms, hospitals, and examinations of their own. From her Majesty on the throne—as Dr. Christison has lately assured us—down to the poorest beggar woman, we are certain that we have the support of all women who are worthy of the name when we protest against the excessive indecency of young women and men studying anatomy and physiology in the same anatomical school.—*London Med. Times and Gazette.*

Our profession is evidently looked on as a refuge for the destitute. Doctoring is so easy, so pleasant, and so remunerative in the eyes of the public, that it seems to offer special baits to the genteelly needy. First, we have had a small irruption of the fair sex, although whether their colonization in our territory will be a permanent one remains to be proved. But a more formidable invasion threatens us, in the shape of the poorer clergy, who, it is seriously proposed, should unite to their sacred office the secular ones of feeling pulses, attending accouchements, and extracting fees from their parishioners. Of course, we are aware that the professions of theology and medicine were united in the dark ages, although we do not recollect any instance of priest or friar who charged for his medical skill. With a flippancy bordering on profanity, one of the writers in the *Times* on this subject adduces the fact that Our Lord was the Good Physician, to support the proposal that the curate of the parish should eke out his income by attending to bodily ailments as well as spiritual. But Our Lord did not take fees for what he did, neither did his apostles. We would suggest that the practice of medicine, surgery, and midwifery would not be quite easy with the due administration of his word and sacraments. Fancy a parson in the middle of an ecclesiastical function being called to a midwifery case! The cool impudence with which Prester, who writes in the *Times* to float this precious scheme, talks of "the capabilities of union doctors" as infinitely inferior to those of some self-taught parson of his acquaintance, who has been filling his pocket by acting as accoucheur in a freer but darker land (we presume on a darker population), and so increasing his spiritual influence, is truly amusing. If

our freedom is not equal to our light, the latter is sufficient in England to prevent the English people mistaking the greatest of all quacks—a self-taught medical parson—for a properly educated medical man. If the clergy want to practise medicine, they must go through a proper training, curriculum, and examinations, and become duly qualified and registered medical practitioners. The small number who might have the means, time, and patience to do this, in addition to the necessary training for their sacred office, would soon find that the two pursuits, as pecuniary undertakings, were unproductive; that the cure of bodies for gain was incompatible with the cure of souls.—*Ibid.*

A CASE OF IDIOPATHIC GLOSSITIS OF THE LEFT HALF OF THE TONGUE. Reported by J. W. HAWKINS, M.D., of Canton, Mo.—The extreme rarity of idiopathic glossitis, involving but one side of the tongue, has induced me to furnish a report of the following case for publication.

P. G., aged 22, a farmer of robust constitution and healthy appearance, applied to me, March 15th, for medical aid on account of difficult deglutition and soreness of throat. On examination, a little turgidity of the vessels, with slight redness and little or no swelling of the tonsils, was all that was apparent. Prescribed a cathartic of podophyllin and a gargle of chlorate of potassa.

March 17th.—Left half of the tongue considerably swelled, so as to render his speech exceedingly difficult. Tonsils very little swollen. Continued the same treatment with the addition of a cantharidal vesicant to the left side of the throat.

March 20th.—Left half of the tongue enormously swollen from tip to root, with evident signs of pus having formed. Objected to having it cut into, and fortunately for him, a few hours after, while making a strong effort to swallow his saliva, the parts in front of the left tonsil ruptured and the pus flowed freely out, giving instant and permanent relief. Recovery followed without further difficulty.—*Medical Archives.*

EXPERIMENTS ON VACCINE VIRUS.—In the *Gazette Hebdomadaire* are described some experiments on vaccine lymph, which was collected in capillary tubes and the tubes sealed hermetically and exposed to a temperature of 170° Fahr. for an hour and a half. On trial the virus proved to be active and produced perfect pustules.—*Pacific Medical Journal.*

Medical Miscellany.

PHYSICIANS' PRESCRIPTIONS.—The committee of the Massachusetts Legislature, to whom was referred the proposal for a bill providing that physicians' prescriptions and apothecaries' labels should be written in the English language, reported on Saturday that it was inexpedient to legislate in the matter.

TREATMENT OF SYPHILITIC SWELLINGS.—Prof. Sigmund recommends punctures by an exploring trocar, or by a Pravaz's syringe. The puncture must be performed once or twice a day, followed by an injection of linseed oil with carbolic acid, or by a compress bandage. After the puncture the pus can also be evacuated by slight pressure. In regard to the general treatment, the author mentions the hypodermic injection of chloride of silver. The solution contains four grains to an ounce of water. At first, 12 drops are injected twice a day. The groin and the infraclavicular region should not be chosen as sites for injection. The cure is rapid, but not sure. In suppurating buboes, S. applies a solution of carbolic acid one part, with linseed oil four parts and lime 32 parts, after Lister. It is useless in periadenitis. It requires the same length of time as any other method, but in cases of large cavities it manifests its good effects by diminishing the secretion and bringing up healthy granulations.—*Bericht d Wiener Krankenhaus.*

THE COUNTESS BISMARCK AND THE DOCTOR'S BILL.—Some time before the war broke out, a son of Count Bismarck, a student at Bonn, received from a rapier thrust an injury to the head, which it was thought must prove fatal. His parents were telegraphed for, and, after passing some weeks at the bedside of her son, the Countess of Bismarck, on taking her leave, did not forget his doctor, but sent him the magnificent sum of 6 Frederics, equivalent to 127 francs 25 centimes. The doctor felt somewhat astounded, seeing that he had paid his patient 160 visits, some of these taking up several hours. He thought it best to present his own account for payment, charging 160 thalers, at the rate of a thaler, 3 francs 75 centimes, per visit, or a total of 600 francs—an amount which must surely be considered moderate enough!—*Lyon Médical.*

DEATH FROM CHLOROFORM.—Dr. Hughes Bennett stated at the last meeting of the British Association that "he knew of one very sad case that had happened in Edinburgh. A young and beautiful lady, daughter of a barrister, in perfect health, went to a dentist's house one morning and had a tooth extracted. Five minutes afterwards she was dead. That was only one of many similar cases that had occurred, but had never been published."—*Brit. Med. Journal.*

MR. JOHN CHURCHILL, whose name since the year 1816 has been so intimately connected with medical literature, has retired from active business, leaving the publication of professional books

in the hands of his sons, John and Augustus. After fifty-five years of active and intimate association with the profession, he seeks, in a more quiet life, the rest which his honorable labors have fairly earned for him.

TO CORRESPONDENTS.—Communications accepted:—Some Peculiar Cases of Ovariectomy, with the description of a New Method of Treating the Pedicle.—A New and Practical Method of Disinfection.

BOOKS AND PAMPHLETS RECEIVED.—General Surgical Pathology and Therapeutics; a Text-book for Students and Physicians. By Theodor Billroth, Professor of Surgery in Vienna. Translated from the German by Charles E. Hackley, A.M., M.D., Surgeon to the New York Eye and Ear Infirmary, &c. New York: D. Appleton & Co. 1871. Pp. 978.—Body and Mind; An Inquiry into their Connection and Mutual Influence, especially in reference to Mental Disorders. Being the Gulstonian Lectures for 1870, delivered before the Royal College of Physicians, by Henry Maudsley, M.D. Lond., &c. New York: D. Appleton & Co. 1871. Pp. 155.—Electrization in the Treatment of the Diseases of the Organs of Digestion. By A. D. Rockwell, M.D., New York. Pp. 20.

DIED.—In Bath, Me., T. G. Stockbridge, M.D.—In New York, Jan. 29th, of paralysis, Dr. Geo. T. Elliott, Professor of Obstetrics in Bellevue College.

Deaths in eighteen Cities and Towns of Massachusetts for the week ending Jan. 28, 1871.

Cities and towns.	Total.	Consumption.	Prevalent Pneumonia.	Scarlet Fever.	Croup & Diphtheria.
Boston . . .	104	18	14	4	3
Charlestown 11		3	1	0	1
Worcester . .	19	3	3	2	1
Lowell . . .	17	2	1	0	1
Milford . . .	12	1	1	0	0
Chelsea . . .	4	0	1	0	0
Cambridge . .	16	4	3	1	1
Salem . . .	5	1	0	0	0
Lawrence . .	10	2	2	0	0
Springfield .	4	0	0	2	0
Lynn . . .	11	1	2	0	0
Gloucester .	3	1	1	0	1
Fitchburg . .	4	0	0	1	0
Newburyport .	8	3	0	0	3
Somerville . .	7	1	1	1	0
Fall River . .	10	2	0	0	0
Haverhill . .	5	0	1	0	0
Holyoke . . .	6	0	1	0	1
	255	42	32	11	12

Holyoke reports one death from smallpox. A fire in Milford caused the death of five persons. Three were burned in a building, and two died from poison. A bottle of strychnine was taken from a burning drug store, and given by a father to his children as a plaything.

GEORGE DEBBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, Jan. 28th, 104. Males, 54; females, 50. Accident, 3—apoplexy, 2—inflammation of the bowels, 1—bronchitis, 3—inflammation of the brain, 1—congestion of the brain, 1—disease of the brain, 5—cancer, 3—cyanosis, 1—consumption, 17—convulsions, 6—croup, 2—debility, 4—diarrhea, 1—dropsy, 1—dropsy of brain, 4—diphtheria, 1—epilepsy, 1—scarlet fever, 4—typhoid fever, 1—disease of heart, 3—hemorrhage, 2—hemoptysis, 1—disease of the kidneys, 2—congestion of the lungs, 3—inflammation of the lungs, 11—marasmus, 1—old age, 1—paralysis, 6—peritonitis, 1—phlebitis, 1—suicide, 1—teething, 2—tumor of throat, 1—unknown, 7.

Under 5 years of age, 38—between 5 and 20 years, 7—between 20 and 40 years, 28—between 40 and 60 years, 18—above 60 years, 15. Born in the United States, 66—Ireland, 31—other places, 7.

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The therapeutical value of this Pepsine in all disorders of the stomach, resulting from the inability of this organ to digest and assimilate food cannot be over estimated. It is used daily with great success in *Dyspepsia, Slow and Difficult Digestion, Gastralgia, Debility of the Stomach*, from old age or from abuse of liquors, and in *Vomiting during Pregnancy*.

Physicians will please notice that GRIMAULT'S PEPSINE may always be relied upon. Its digestive power, being physiologically tested by Mr. Leconte, late assistant to Claude Bernard, is always the same.

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A new preparation of the leaves of Matico, of more certain effect than most of the medicines recommended for the same class of diseases. The capsules contain the essential oil of Matico, combined with the balsam of Copaiba, and do not cause any unpleasant eructations. The injection is prepared with distilled water saturated with Matico.

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This new combination unites, in a small volume and an agreeable form, two elements which have never before been blended—Red Peruvian Bark, the best of tonics, and Iron, which forms the base of the blood. It is especially suitable for lymphatic or delicate persons, and in all cases for which Bark and Iron are usually prescribed.

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These are prescribed in certain cases when the digestive powers are deranged, weakened, or null.

Perro-Manganic Preparations of Burin Du Buisson.

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Ferromanganic Powder, for effervescing water,
Carbonate of Iron and Manganese Pills,
Syrup of the lactate of iron and manganese,
Dragees of the lactate of iron and manganese,

Syrup of the Proto-Iodide of Iron and Manganese,
Pills & Dragees of the Proto-Iodide of Iron & Manganese,
Manganic Iron reduced by hydrogen.

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A substitute for sea and mineral baths. *Tonic, Stimulating and Resolvent*. Used by over one hundred physicians in the hospitals of Paris, in Skin Diseases, Nervous Affections, Anæmia, Chlorosis, Gout, Rheumatism, Sciatica; also, Colics, Cholera Morbus and Gastric Affections.

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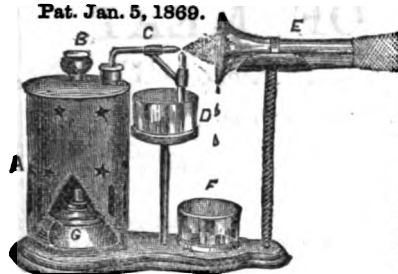
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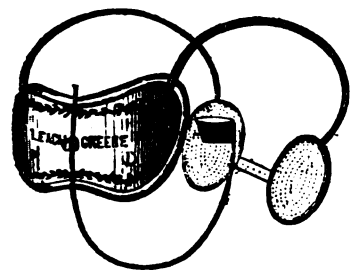
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Alternative Laxative Pill,	Dr. P. S. Haskell's Formula.
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51—4f

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The contrivances hitherto devised for the purpose have generally fallen into disuse on account of radical defects in construction, and the substitute now offered has been withheld until it could be thoroughly tested in a class of cases which have resisted medical treatment. How it obviates the most objectionable feature of the ordinary appliances, and in what respects is superior to them, is at once apparent. Manufactured and for sale by ROBERT R. KENT, East Boston.

Jan. 19—3m.

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Of this Institution will open March 2d, 1871. There will be a Preliminary Term beginning on January 3d, and continuing until the opening of the Regular Term. Fees for both Terms are:

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Jan. 6—4f.

189 WARREN AVENUE, Sept. 16, 1869.

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He has permission to refer to the following gentlemen:

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Dr. J. E. Tyler,

Dr. D. H. Storer,

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HENRY A. MARTIN, M.D.,
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Jan. 19—44.

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We would call the attention of the Profession to the fact that Messrs. METCALF & Co., Tremont Street, have just received a lot of SAVORY & MOORE'S

DIGESTIVE PANCREATIC COCOA.

A highly nutritious, digestible, and palatable dietetic preparation, specially adapted to the support and nourishment of persons suffering from Indigestion, Debility, and Pulmonary Complaints.

It has the great advantage over all other kinds of Cocoa in not disagreeing with the most delicate stomach, the fatty constituents being rendered easy of digestion and assimilation by the aid of PANCREATIN, the New Remedy for Indigestion, &c.

Gentlemen whose patients have enjoyed the above abroad will be glad to avail themselves of the opportunity now offered.

Jan. 26—84.

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A carefully prepared unfermentable Extract of Pure Malt, particularly recommended as a highly nutritious and strengthening Tonic or Food for Invalids and children.

It is also excellent in *Chronic Dyspepsia, Constipation*, and affections of the stomach and intestines, and can be retained in the stomach when farinaceous or other food cannot be borne.

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07—44

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BOSTON CITY HOSPITAL.

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Physician. Surgeon.

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Jan. 19—84.

TRANSACTIONS of the American Ophthalmological Society

for 1870—Now ready—Price \$2.

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Jan. 19—84.

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BOEHRING'S GERMAN,

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Jan. 19—44.

THE SUBSCRIBERS, a Committee appointed by citizens of Boston and its vicinity, to erect a monument at Mt. Auburn to the memory of the late WILLIAM T. G. MORTON, as the "Inventor and Revealers" of Anæsthetic Inhalation, having performed that duty, wish now to present to the community the claims of the widow and children of Dr. Morton, who have been left in straightened circumstances. There are doubtless throughout this country many who, having experienced the relief conferred by the inhalation of Ether, will rejoice at this opportunity of offering a token of gratitude to Dr. Morton's memory by contributing to the comfort of his family. Any sums, however small, will be gratefully received and acknowledged by any of the undersigned.

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WILLIAM WHITING, 35 Court Street.
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GEORGE HATWARD, M.D., 3 Walnut Street.
E. M. HODGES, M.D., 83 Mount Vernon Street.
LUTHER PARKS, M.D., 6 Chestnut Street.
SAMUEL KNEELAND, M.D., Institute of Technology.
JOHN C. WARREN, M.D., 2 Park Street; or
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Jan. 26—44.

KENT'S METALLIC NIPPLE SHIELD AND CAOUTCHOUQUE TEAT—Is recommended to the medical profession, especially to accoucheurs, as furnishing the only perfect mechanical substitute adapted to all cases of excoriated and retracted nipple.

The contrivances hitherto devised for the purpose have generally fallen into disuse on account of radical defects in construction, and the substitute now offered has been withheld until it could be thoroughly tested in a class of cases which have resisted medical treatment. How it obviates the most objectionable feature of the ordinary appliances, and in what respects is superior to them, is at once apparent.

Medical men well know that the inevitable result of the use of the shield and teat now employed is a constriction of their lactiferous ducts, which open by minute orifices upon the surface of the nipple. The flow of milk is thereby obstructed, coagulation produced, engorgement and inflammation of the whole gland, terminating in abscesses and seriously affecting the general health of the mother. Such a train of evils is averted by the peculiar shape, capacity and construction of the metallic cup or shield. It is provided with a flange, by which equal pressure is made upon the integument, while the contained air (by a valvular arrangement) is gradually exhausted by the first inspirations of the child, and the shield firmly adheres. It is also surmounted by an elastic teat, so short that when the lips of the child instinctively fasten for support upon the firm, unyielding edge of the shield, and the entire teat is taken into the mouth, there is no embarrassment in swallowing. Thus the chief objection to the artificial teat usually employed is obviated. In whatever position the mother may lie, the process of nursing, before painful, perhaps impossible, now becomes painless, and even pleasant, if the subjoined simple directions are carefully complied with.

First—To accustom the child to the teat, detach it from the shield and fill it with milk properly diluted and sweetened; let the child suck this out, then apply the teat to the shield, which may now be placed upon the excoriated or retracted nipple.

Secondly—The mother should support with her hand the child's head, directly in front of the breast. It is unnecessary for the mother to support the shield with the fingers, as the pressure of the atmosphere retains it in place. To remove the shield, either raise the valve or gently insert the finger between it and the breast.

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DR. EPHRAIM CUTLER has removed his City Office to 128 Boylston Street.

Hours, 9 A.M. to 12 M.

May 20, 1868.

Je. 11—44.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

FRANCIS H. BROWN, M.D., EDITOR.
H. H. A. BEACH, M.D., ASSISTANT EDITOR.

Whole No. 2245. }
Vol. LXXXIV. }

THURSDAY, FEBRUARY 9, 1871.

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HARVARD UNIVERSITY. Medical Department, Boston, Mass.

SUMMER SESSION....1871.

The regular Course of Summer Instruction will begin at the Massachusetts Medical College, North Grove Street, Boston, on March 13th, and continue until the next Winter Course of Lectures on the first Wednesday in November. The Session is divided into two Terms by the summer vacation of two months. Gentlemen who finish their undergraduate course during the summer months, should join the Medical School at the beginning of the Fall Term, Sept. 11th; their requisite three years of study being thus completed in time for the special examination for medical degrees, which precedes the annual commencement at Cambridge.

Recitations are held daily by the Professors and Instructors in all the branches necessary to a medical education. Clinical instruction in Medicine and Surgery is also given daily at the Massachusetts General Hospital and the City Hospital. Other Hospitals and the various dispensaries and infirmaries in the city are likewise open to students. Lectures on special branches will be given at the College by University Lecturers, and courses on the sciences connected with Medicine, Zoology, Botany, Chemistry, and Physics, will be delivered in Cambridge by the Professors in these departments, which students may attend without extra charge.

The CHEMICAL LABORATORY is open during the Summer, and practical instruction is given in physiological, pathological and toxicological Chemistry. A Laboratory is also opened in which students are thoroughly exercised in the management of the MICROSCOPE.

The DISSECTING BOOK is open and abundantly supplied with recent subjects, during March, April and October. *No charge is made for anatomical material, or for demonstration.*

Fees.—The fee for instruction during the Summer Session, from March to November, is \$100; for the Winter Lectures, \$121. The fee for the entire year, for the Winter Lectures as well as the Summer Session, is \$200. The fee for Graduation is \$30. The fee for Matriculation is \$5. This is appropriated to the increase of the Library, and is to be paid to the Dean once by all who desire to become members of the College.

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Nov. 3.—Jan.

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This preparation represents in a convenient form one of the most efficient and popular remedies in cases of a pulmonary character, with tendency to hemorrhage, loss of appetite, cough, and specially when attended with emaciation.

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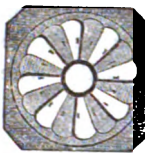
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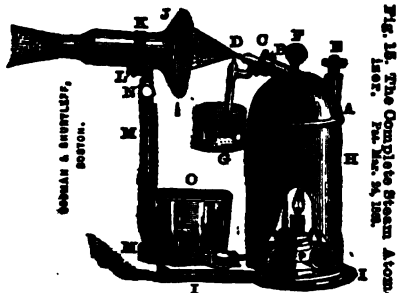


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The waste-cup, medicament-cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

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Fig. 5. Shurtleff's Atomizing Apparatus.



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A teaspoonful contains one grain of the Salt of Pyrophosphate of Iron, and a pint of the mixture contains the virtue of one ounce of Royal Calisaya Bark. The Profession are warned against many imitations of the Ferro-Phosphorated Elixir of Calisaya, made from very inferior materials.

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Original Communications.

A CASE OF POISONING WITH GELSEMINUM SEMPERVIRENS.

By JOSEPH G. PINKHAM, M.D., Lynn.

ON the night of December 5th, 1869, I was called in great haste to see Mrs. F., a former patient of mine, who was said to be dying. In the course of a few minutes I arrived at her bedside, and found her in the following alarming condition: Totally unconscious; breathing stertorous, and very imperfect; countenance of livid paleness; lower jaw drooping, leaving the mouth wide open; eyelids partially closed, and motionless; pupils moderately dilated; pulse 100 per minute, regular, but weak. On making hasty inquiries, I ascertained that she had been taking some medicine from a quack herbalist, who recommended it, in the choice English of that refined sect, as being able to "knock pain higher than a kite." Being satisfied that the case was one of poisoning with some narcotic, I attempted to administer an emetic of sulphate of zinc; but owing to the great difficulty in swallowing, I did not succeed in getting enough down to produce emesis. Friction and stimulants were then resorted to, and in about one hour and a half consciousness began to return. Treatment was continued, but recovery was not complete for several days, the principal complaint being of great prostration, and muscular weakness, particularly of the elevators of the lower jaw, and eyelids, and the muscles of the arms. After the return of consciousness, intelligible speech was at first only possible when the jaws were supported. The tongue also was stiff, and the voice thick and guttural. The patient stated that before she became unconscious objects appeared double, and then she grew by degrees completely blind. She thought, and naturally enough, that she was dying. Subsequently I saw the "doctor," and learned from him that he had given gelseminum sempervirens. He said he had prepared forty drops of the fluid

extract in a bottle, and that, contrary to his directions, the patient had taken it all in the course of a few hours. I place no reliance upon his statement as to the amount, for he was most thoroughly frightened by the occurrence, but I have no doubt from the symptoms that gelseminum was the drug administered. The patient asserted positively that he gave her no specific directions as to dose, or intervals, but told her to take it when she had pain, and if on holding up her finger and looking at it, it did not appear double, she was all right, and could take more.

I satisfied myself, notwithstanding the denial of both parties concerned, that he had procured an abortion upon the woman, and gave the medicine as an anodyne after the expulsion of the ovum. It seemed at first as though the case would inevitably prove fatal; nor do I see now how recovery could have taken place without remedial interference.

I should not have been surprised at any time within an hour after my arrival to see the jerking respiration cease, and life become extinct.

The effect of the poison, it will be noticed, was to produce a general feeling of numbness and oppression, followed by double vision, loss of sight, paralysis of the muscles of voluntary motion, with complete insensibility to all external impressions. The paralysis of those muscles whose function it is to elevate was more persistent than that of any others. It is easy to explain the bad respiration by the condition of muscular paralysis which existed. There did not seem to be any direct sedative action of the poison upon the heart. In regard to this point, I am inclined to agree with Dr. Bartholow in the opinion that when the cardiac movements are depressed it is the result of insufficient respiration.*

I gave stimulants (brandy, am. carb., &c.,) on account of the alarming prostration, and because I did not know what else to do. Should another patient similarly affected come under my care, I should pur-

* Practitioner (London), Oct., 1870, p. 208.

[WHOLE No. 2245]

sue the same course, with the addition, if it were possible at the time, of the use of galvanism, an agent found so beneficial in his own case by Dr. J. T. Main, of Unity, Maine.*

The notes of this case were taken chiefly at the time of attendance. Since then I have seen reports of several other instances of poisoning with the same drug, some of them fatal.† They all agree essentially with mine in the character of the symptoms presented. It is altogether probable that my patient had taken much more than forty drops of the fluid extract.

Hospital Reports.

BOSTON CITY HOSPITAL.

Surgical Cases in the Service of D. W. CHEEVER, M.D.
Reported by Mr. C. B. BELT, House Surgeon.

CASE I.—*Lupus; Galvano-Cautery; Disease Retarded.*—P. H., æt. 50. Fifteen years ago, disease began over the left ala nasi, and increased rapidly. Has been treated at various institutions. Was at the Massachusetts General Hospital, where a plastic operation was performed. The disease has extended rapidly, since the operation, towards the eye; has destroyed entirely the ala nasi, leaving a cavity that extends upwards and backwards. The disease has also affected the right ala nasi. Nitrate of silver was freely applied and continued every other day, but without avail. He was also put upon cod-liver oil.

After a fair trial of the nitrate of silver, the galvano-cautery was applied, under ether, and the wound dressed with lin. calcis. The patient did not suffer so much pain after the galvano-cautery as after the nitrate of silver. The cauterization was followed, apparently, by a retardation of the disease.

Two weeks following the operation, the disease was found to be again advancing, with renewed vigor, towards the right side of the nose. The patient was again etherized, and the fumes of the ether having been allowed to pass off, the nose was again touched freely with the galvano-cautery, and a pendulous flap, which was cumbersome, was removed. Cold-water dressing. The operation was followed by little pain. After four weeks the patient was

discharged, "relieved," the edges of the disease presenting healthy granulations; no new tubercles or ulcerations having, as yet, appeared.

CASE II.—*Compound Fracture of the Radius; Recovery.*—Richard L., æt. 32. From the explosion of a copper retort, a portion struck the patient's left arm and produced a compound fracture at the lower third of the radius, and also caused considerable laceration of the surrounding tissues. No large vessel was injured. It was found impossible to reduce the protruding part of the radius, without sawing off a portion three-fourths of an inch long. A counter opening was made upon the dorsal aspect of the arm and a seton passed through. As there was considerable contusion and swelling of the whole arm and hand, it was also thought advisable to make an incision upon the dorsal aspect of the hand. Arm laid upon a straight splint, and cold water frequently applied. Considerable swelling and pain subsequently. A large poultice was then ordered. In a week several sloughs had separated, and the condition of the patient was excellent. In three weeks the arm had got into a much better condition; less pain and suppuration, and a splint was constructed to abduct the arm and draw the ends of the radius apart, thereby making it quite straight, and giving an opportunity to fill the gap with new bone. Patient steadily improved, and, with the exception of an occasional increased suppuration from any over-exertion, the compound opening granulated well and rapidly filled up. At the end of thirteen weeks the hand had so far recovered that he could use the arm with considerable freedom, and he was discharged.

CASE III.—*Fracture of Cervix Femoris; Recovery.*—Catharine S., æt. 47, slipped upon a piece of ice, and fell from three steps, coming with considerable force upon her right hip, causing an inability to walk. Remained at home without treatment three weeks. On entering the hospital, there was a characteristic eversion and one and a half inch shortening. Under ether, the trochanter major rotated freely with the shaft of the femur, and a distinct crepitus was felt within the joint. Several bed-sores had formed over the sacrum. Seven pounds extension and a long outside splint were applied. As the patient had incontinence of urine, it was with considerable difficulty that the limb was kept in a state of quietude. Everything went well, with the exception of an cedematous condition of the left leg: At the end of six weeks all the

* Boston Medical and Surgical Journal, April 15, 1869.

† American Journal of Pharmacy, Jan., 1870. American Journal of the Medical Sciences, Jan., 1867.

apparatus was removed, and the union considered to be good; slight eversion, and the limb could be rotated with but little pain; has three-fourths of an inch of shortening; has recovered control of the bladder. At the end of eighteen weeks she was discharged, well.

CASE IV.—*Re-fracture of the Patella.*—Peter N. K., æt. 37. Entered with a re-fracture of the right patella. Four months before entrance he fell upon the ice and broke his patella. Was at the Marine Hospital, Chelsea, four months, and the day following his departure he again slipped, and separated the fragments. The leg was put upon a Goodwin's splint; but this being uncomfortable, it was placed upon a long and wide ham-splint, and the foot and leg raised by sand-bags. A figure-of-eight bandage was applied. The fragments were separated three inches at entrance. As there was considerable swelling of the knee, the parts were not brought into close apposition. In a few days the swelling became somewhat reduced, and the fragments were brought within one-fourth of an inch of each other, by "Sanborn's method."

Two weeks following its application, an abscess formed at the inner side of the joint, but not penetrating the sac. Incisions were required, after which the knee began to improve, the fragments being in good position; but as the firm apparatus had to be left off, the separation was somewhat increased. After all tenderness had disappeared, a figure-of-eight bandage was applied, and the limb put upon a long posterior splint extending from the foot to the perineum, and raised above a horizontal position. Union was ligamentous, as at the first fracture. Finally, a six-tail bandage was applied, and it remained on when he left the hospital.

Re-fracture of the patella, or separation of fragments by slipping or falling, seems to be a not infrequent sequence of transverse fracture of that bone.

CASE V.—*Indolent Ulcer; Persistence; Relief by use of Donovan's Solution.*—M. K., æt. 42. Entered for a long, deep and irregular excoriated ulcer, just below the right patella, six inches long by two inches wide, and of one year's duration. Has always been a strong, healthy man; never had syphilis. Charcoal poultice and ham-splint. The following day a deep pocket was slit up, and the ulcer began to improve under poultices and chlorinated soda wash. At the end of a month it became indolent, excavated and gangrenous. Under ether, the ulcer was freely touched with bromine;

charcoal poultice. Tinct. ferri chloridi was given internally. When the sloughs from the bromine came off, patient was again etherized and bromine was again applied. This was followed by a healthy condition of the parts. The poultice was in a few days omitted, and a nitric acid lotion used. The ulcer having relapsed, the patient took corrosive sublimate, and subsequently an opium treatment—three grains per diem—without avail. Finally, the liq. arsenici et hydrargyri iodidi, five drops thrice daily, was given, and followed by a decided improvement. One week following, the dose was increased one drop. In two weeks, the dose was increased to eight drops thrice daily; the week following to nine drops; in four days to ten drops. The patient now had some of the characteristic symptoms from arsenic and iodine, as diarrhoea, pain in the bowels and coryza. Medicine was omitted.

Five weeks following the administration of the Donovan's solution, the ulcer was quite closed, but two weeks afterwards there were indications of a re-opening, and in two days it had re-opened at two points. The Donovan's solution was resumed, in five-drop doses twice a day, and gradually increased to fifteen drops a day, with marked benefit. Finally discharged, relieved.

CASE VI.—*Chronic Disease of Knee; Amputation; Recovery.*—Thos. H., æt. 50. Has had chronic thickening, inflammation and ulceration of the left knee for five years. Being able to creep about only in the most painful manner, on crutches, and wasted by excessive pain, he finally consents to an operation.

There is a sinus, three inches below the patella, running up towards the knee, but a probe could not be passed through it into the joint. By cutting down upon the end of the probe under the skin, where it projected by the side of the patella, it was found that a second sinus ran at right angles to the first, into the knee joint, and the condyles of the femur were felt, denuded and roughened.

As excision was obviously out of the question, owing to his habits and years, he consented to amputation. The limb was removed just above the knee, by skin flaps; and he made a slow, but good recovery, leaving the hospital, at the end of eighty-two days, re-established in health, and free from suffering.

Surgical Cases in the Service of WM. INGALLS, M.D.
Reported by Mr. C. B. BELT, House Surgeon.

CASE I.—*Multiple Injuries from a Powder Explosion.* August 19th.—J. R., la-

borer, 35. "Preparing a blast," it exploded, throwing him backwards, stunning him, and also shattering the ring, middle and little fingers of the left hand, besides closely sprinkling the tissues with the coarse powder. At the metacarpo-phalangeal articulations the middle and ring fingers were removed, and so also was the little finger, with the end of the metacarpal bone; there was but little hæmorrhage, and no ligatures were required.

The face and arms were thoroughly filled with the powder. Both eyelids were swollen and bruised, the left eye being entirely gone, and perception of light being doubtful by the right, to himself; to us, it was evidently destroyed.

At inner aspect of left thigh, there was a rather deep wound, filled with powder.

Congenital inguinal hernia of right side exists.

The stumps were dressed with cool water compresses. There was thorough syringing under eyelids, and a solution of atropine—grs. ij. to 3i. of water—applied. Poultice to arm, face and thigh.

On the 21st, the patient was comfortable, and had less swelling of eyelids and face. He cannot discern the light; the left iris is protruding, and the eyelids suppurating freely; syringing required every two hours. The wounds are doing pretty well.

22d.—Eyesight considered irretrievable by Dr. Williams, who advised a continuance of the treatment. The appetite and general condition are improving. He thinks he can discern light a little, but cannot say with certainty that it is so. There is limited sloughing of the wounds, and but little pain.

30th.—Wounds clean and granulating well, that of thigh quite healed. Suppuration from eyelids continues. Now thinks he has certainly lost his sight.

Sept. 6th.—Hæmorrhage from lids of right eye, but they are less swollen. Face cleaning and resuming its natural size. Wounds granulating healthily.

17th.—Improving; walks out of doors.

24th.—Discharged, in an improved condition; the eyes filling out the lids, giving them a fair appearance.

CASE II.—*Contusion over Hips and Nates; Effusion of Blood; Incisions; Recovery.* (Aug., 1870. Service of Drs. THAXTER AND INGALLS.)—Joseph C., æt. 35, teamster. Fell from a heavily loaded wool caravan; the hind wheel was supposed to have crossed his hips. On his being brought to the hospital, no fracture was detected. There

was swelling and tenderness over the right hip and nates, but no ecchymosis at this time. In three days there was a large surface of ecchymosis all over the lumbar and sacral regions, more towards the right side, with tendency to fluctuation. On the fourth day, an incision was made over a distinct fluctuating tumor, situated over the sacrum, evacuating 3iv. bloody serum. Compress. The day following, another incision was made over a similar tumor, upon the inner side of left nates, giving exit to 3viiij. bloody serum. The wounds were kept open by tents of charpie.

Suppuration went on well, and the sacs gradually filled up by the aid of syringing and compression. He was not confined to his bed during the whole time, and there was very little sympathetic irritation from the suppuration or injury, and at the end of five weeks he was discharged, with the wounds almost well, a small granulating surface requiring a touch of nitrate of silver.

CASE III.—*Comminuted Fracture of the Shoulder; Colles's Fracture; Scalp Wound.* Aug. 1st.—Wm. C., æt. 35, painter. Fell from a staging, 35 feet from the ground, striking his left shoulder upon a hard gravel walk. Walked into the accident room two hours after the accident, when, under ether, the parts were found to be badly shattered. There was a fracture of the neck of the scapula through the glenoid fossa, also of the surgical neck of the humerus, and of the end of the acromion process; the clavicle was uninjured. There was a dislocation of the head of the humerus, sub-coracoid, and a stretching of the integument over it, but the skin was intact.

The parts were brought into place as well as possible, and the shoulder was ordered to be covered with ice-bags, which were to be taken off for a half hour occasionally. The patient had severe pain for two days, relieved somewhat by atropia and morphia, one-sixtieth and one-third gr. subcutaneously. Patient remained perfectly quiet one week, when an attempt was made to bring the parts into better position; there was partial success.

The Colles's fracture of the same arm was a disagreeable complication, and increased the pain and discomfort. A bandage about the body kept the arm to the side, and in the second week the man was able to get out of bed.

A small scalp wound, which healed by first intention, should be mentioned. In two weeks the patient walked about the

ward, and on the corridor, but he had an intermittent sharp pain in the shoulder and wrist.

At the end of seven weeks, without any severe drawbacks, he was discharged, having a slight use of his arm. He could get his hand to his mouth.

CASE IV.—*Syphilitic Ulcers; Iodoform Treatment; Chancroids.* August 1st.—Dennis C. æt. 26, laborer. Had the usual course of the disease; "sores" on penis; suppurating swelling in groins, the cicatrices of which gave evidence of the nature of an ulcer upon the shin, one and one fourth of an inch by three fourths of an inch deep, with dirty base, and irregularly inverted edges; there were three large chancroids behind the corona glandis. An iodoform ointment—

R. Iodoformi, 3ss.;

Spts. vini rect., q. s.;

Adipis suillæ, 3viiss. M.

was applied to the ulcer. Ten grains of iodide of potassium were given, thrice daily. The chancroids were touched freely with nitrate of silver. The ulcers began immediately to improve, as well as the chancroids, which were occasionally re-touched. On the 30th inst., was discharged, well.

CASE V.—*Urethral Calculus; Retention of Urine; External Urethrotomy.* Aug. 13th.—Michael H., æt. 17, clerk. Has always lived in Boston, and drank the Cochituate water. Two months since had severe pain in right side, an occasional pain in the same region since. Never had any difficulty in micturition preceding yesterday, when he began to have it by passing the urine *guttatim*. There was pain over pubes, extending to the end of the penis. Passed a small amount of urine.

After passing a severe night, and becoming unable to micturate, he applied to a physician, who attempted to catheterize him, and, after several attempts, failed, and sent the patient to the hospital.

On entering, had not passed his urine for ten hours, when on passing a small elastic catheter it came in contact with a solid about five inches from the meatus, and by an external examination it was found to be a solid substance as large as a bean, apparently just behind the scrotum. The bladder was distended half way up to the umbilicus.

Upon the arrival of Dr. Ingalls, an attempt was again made to introduce an instrument, under ether; but all attempts failing, an incision was made over the tumor, a staff having been introduced down

to the obstruction, directly in the median line, and by manipulating with the finger within the anus the obstructing substance was removed, followed by a small amount of hæmorrhage. The substance proved to be a calculus one-half by three-eighths of an inch in diameter, and weighing gr. xij., consisting upon its outside of uric acid in granular bodies sparsely scattered over its surface. On section it was seen to be made up of crescentic rings of uric acid and phosphate of lime. Uric acid nucleus. The wound contracted to a small one after the removal of calculus. A silver catheter was introduced through the urethra, and 3xx. of urine drawn off. The catheter was allowed to remain. The following day urine flowed freely through the catheter, and the patient was comfortable. On the 15th, urine flowed through the wound; the catheter was moved backwards and forwards frequently. On the 16th, the catheter was withdrawn, it having been retained sixty-six hours.

17th.—About one half the urine came through the wound, the remainder passed freely through the natural passage; there was no pain, and the wound looked well. Less and less the urine came through the wound, and at the end of six weeks it had entirely closed.

CASE VI.—*Syphilitic Rupia; Rapid Improvement; Iodoform Ointment.*—Mary W., domestic, coitus with but one man. Aug. 6th.—A year ago had sores about her vulva, and swelling in the groins, but no "sores" in this latter region. Seven months ago she gave birth to a living child.

Six weeks ago, small white blisters appeared upon her forehead, which broke and crusted over. Soon they appeared upon the legs, body and arms, and the characteristic, conic, layers of crusts were largest upon the thighs, removing one of which there was presented a deep, dirty base, with the greyish ulceration, the edges of which were irregular and inverted.

The crusts were rapidly removed on the following day, poultices having been applied, and the following ointment was ordered, to be applied freshly thrice in the twenty-four hours:

R. Iodoform, 3ss.;

Alcohol, q. s.;

Adipis suillæ, 3viiss. M.

Also, potass. iodid., gr. v., thrice daily, internally; in a few days this was increased to ten grains thrice daily.

In three weeks the ulcers had improved and contracted most rapidly and decidedly. Against advice, she went away.

CASE VII.—Fracture of the Ribs and Clavicle. Aug. 2d.—Michael D., æt. 35, laborer. Had a bank of earth fall upon him, knocking him down, and breaking the 1st, 2d, 3d, and 4th ribs of the left side outside of the sterno-costal articulations. No hæmoptysis nor cough. The left clavicle was fractured at its middle. The treatment was mainly postural. Morphia given *p. r. n.* The patient had pleuritis, with small amount of effusion. After four weeks, lying constantly upon his back with a pillow under his shoulder, the ribs united quite firmly with some irregularity. The clavicle presented some deformity, but there was a good result for so severe an accident. In six weeks he was discharged, well.

CASE VIII.—Fracture of the Femur; Good Recovery. Aug. 2d.—John L., æt. 16, clerk. Was run over by a light express wagon, having been thrown from a seat under the wheel, which went over his left thigh. Under ether, the femur was found to be fractured transversely at the junction of the middle and lower thirds. There was eversion, and one-half inch shortening, and but slight swelling. A long side splint being adjusted, extension was made by a weight of ten pounds, the foot of the bed being elevated, and a good position was maintained, even during the first four days of restlessness and pain. The dressing was continued for four weeks, when it was removed, and the callus was felt to be rather large; but there was good restoration, and only one-quarter of an inch shortening. He by degrees regained the use of his limb.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
CHARLES D. HOMANS, M.D., SECRETARY.

Dec. 12th.—**Malformed Heart; Congenital.**—Dr. COTTING reported the case, and Dr. SWAN showed the specimen. The child lived to be eighteen months old; was always feeble, sometimes discolored quite blue, and troubled with dyspnoea in paroxysms amounting occasionally almost to convulsions; it was oedematous towards the last; its expression was very sad, a smile seldom lighting up its countenance.

Dr. SWAN gave the following account of the autopsy:

Body tolerably well nourished. Slight redness of lower portion of right side of face, and marked lividity beneath the finger-

nails; no external defects in development. No marked, if any, œdema of lower extremities. A small amount of serum in all the serous cavities of chest and abdomen.

Heart large and rounded in its anterior aspect; somewhat flattened antero-posteriorly; consisting mainly of a greatly enlarged right ventricle, greatest diameter three inches; the left ventricle existing as an entirely posterior and somewhat eccentrically placed muscular tumor or elevation, with a diameter of one and a half inches, and forming no part of the rounded indistinct apex. Wall of right ventricle more than twice the thickness of that of left, and its fleshy columns proportionally larger and stronger.

Right ventricle. Four openings at upper part. *First*, anteriorly, that of the pulmonary artery. This artery is small and thin-walled, and communicates by its own branches with the lungs, entering each by a triple division. It does not at any point communicate with the aorta. At its root the orifice is two-thirds or three-fourths closed by a membranous pouch or diaphragm, single in appearance, and little if at all valvular in action, probably representing two semilunes; whole diameter of pulmonary artery at orifice, one-quarter of an inch. The *second*, most posterior orifice, is that of the tricuspid valve. This communicates with the right auricle, and has a diameter of three-quarters of an inch. Its delicate valves appear to be perfect. The *third* opening is that of the aorta, situated posteriorly and to the right of the pulmonary orifice. It has a diameter of five-eighths of an inch, and its valves are normal. The branches and communications of the aorta, aside from its abnormal origin, are normal, if we except one doubtful minute opening at the *site* proper for the ductus arteriosus, belonging to a vessel cut off close to its root, corresponding to which nothing could be found in the pulmonary artery. The fourth opening is interventricular and about one-quarter of an inch in average diameter. It is somewhat irregular in shape, is on a level with, between and to the left of those of the pulmonary artery and tricuspid orifice, and splits the upper extremity of a strong fleshy column in a somewhat valvular manner.

The small cavity of the left ventricle has two openings; the interventricular just mentioned, which pursues, so to speak, an upward and forward direction towards, and upon the prolonged axis of, the transposed aortic orifice and aorta; and the mitral, which is small—having a diameter of

about a quarter of an inch—opens from the small left auricle and is guarded by delicate, normal-looking and apparently efficient valves.

The right auricle is large, and occupies a right and posterior position. On its posterior aspect are two large openings for the venæ cavæ (the veins having been cut away), about an inch apart, on about the same horizontal level and on a vertical line with the right and left limits of the left ventricle. This auricle communicates with the right ventricle by the tricuspid orifice, with the left auricle by the foramen ovale, and receives freely the right pulmonary veins.

The left auricle, by far the smaller and thinner-walled, has a position as far posterior as that of the right, but it lies under and to the left of the latter, extending again anteriorly upwards to receive the left pulmonary veins. The foramen ovale is a vertical slit quarter of an inch long, guarded by a thin but ample flap with crescentic margin and posterior position, upon the side of the right auricle.

The comparatively large development of the whole right side of the heart shows in itself where the work was mainly carried on. Tracing the course of the circulation in detail leads to the same conclusion. All the inlets may properly be said to terminate in the right ventricle, all the outlets to proceed from that ventricle. They are facts of secondary importance to the circulation that the auricles each drained its lung, and that there may or may not have been inter-auricular transmission. In any case, all the systemic and all the pulmonary blood must have come to the right ventricle and thence, in a more or less mixed condition, have been returned to the two systems—too good for the lungs, too poor for the body, but in limited quantity to the former and in abundance to the latter. The history of the case alone is indicative of defective and difficult circulation. The dropsies of the serous sacs and the rather large heart point in the same direction.

The causes may reasonably be considered as, 1st, the stenosis of the pulmonary artery; 2dly, the mixed character of the blood, by which it must have been imperfectly adapted either to the purposes of nutrition or healthy pulmonic or other function. In accordance with certain recent belief, such blood must have been everywhere more or less impeded in its course through the minute arteries, whose muscular walls, under the intelligent guidance of the vaso-motor nerves, regulate, like "stop-cocks," the proper supply of blood for each part.

Lungs healthy, rather dry; when inflated, quite light colored. Liver large, but perhaps not beyond the proportionate size at this age. Spleen large. Its anterior edge was by vertical fissure converted into a pendant digital process. Small supernumerary spleen. Kidneys large, showing traces of lobulation.

Dec. 12th.—*Naso-pharyngeal Polypus removed by turning down the Nose; Tracheotomy; Recovery.*—Dr. CABOT reported the case, which was drawn up by Mr. Blodgett, surgical house-pupil at the Massachusetts General Hospital.

B. F., born in Ireland, aged 40 years, by occupation, bootmaker. Twenty years ago came to America, and had been perfectly well previous to that time. Twelve years ago began to be troubled by nasal polypi, which were operated upon at various times by evulsion through the nares, the last time eighteen months ago.

There was a growth among the bones of the face, which, starting from an obscure origin, had permeated every available part of the cavity of the nose, appearing in both anterior nasal orifices and hanging into the pharynx. Respiration was impossible through the nose, and speech was very much obstructed.

A probe may be passed into anterior nares, and carefully under the growth into the pharynx, and by manipulation may be made to enucleate it from some of the immediate parts.

The right side of the nose was pressed outward by the tumor, at about its middle, giving it a crooked and angular appearance. It was not inflamed nor swollen. The tumor appeared at the upper and inner part of the right orbit, where it projected in the space normally occupied by the eye, that organ being crowded outward and a little downward, so as to cause its palpebral opening to have a direction nearly obliquely upwards and outwards. The position of the tumor seemed to show that its point of entrance into the orbit was from the ethmoid bone. The normal relative axis of the eyes was destroyed, producing divergent strabismus.

The operation was performed by Dr. Cabot, Nov. 26th, 1870, in the following manner.

An incision was first made into that portion of the growth projecting into the orbit, which, upon being incised, gave exit to quite a considerable amount of pus of a foetid odor. An incision starting from the bridge of the nose was then carried so as to become continuous with the one in that

portion of the growth contained in the orbit, and was then continued down the side of the nose as far as the lower border of the naso-maxillary suture. Another incision was carried from the origin of the first to a corresponding point on the other side of the nose, so as to have rudely the form of \cap , the apex being the part over the naso-frontal suture.

The nasal bones were then sawn in about the line of the lateral nasal sutures and the nose turned downward over the mouth, the cartilaginous portions of the alæ being the hinge upon which the body of the nose turned.

Portions of the polypus were now removed with forceps and scissors, and proved to be somewhat vascular, so that quite a severe hæmorrhage was set up. At this stage of the operation patient was observed to be breathing badly, and his head was tilted forward to allow the blood to run out of his mouth. After a short time he was better and the operation was resumed, but almost immediately patient choked and ceased to breathe, in spite of the vigorous efforts of those around to assist respiration. Dr. Cabot performed tracheotomy by an incision extending from about the second to the fifth tracheal ring, and a silver tracheotomy tube was inserted and held by the fingers. There was no attempt at respiration. The trachea was full of dark blood, which slowly welled up from the lower part of the incision and through the tube. Artificial respiration was at once started, which at first only caused the expulsion of a mass of blood at each expiratory movement; but after some minutes patient made an evident gasping effort, and in a few minutes more really inspired through the tube. He soon made very strong expiratory efforts, and threw out a large amount of fluid blood and coagula.

He was now laid straight, with feet elevated and head depressed. All the portions of the tumor were removed with scissors, forceps, &c., and great pains were taken to remove all the disease from every part of the nasal cavity, sphenoidal cells and orbit. The pulse was now very weak, and, at about every fifth beat, it intermitted for about the time occupied by three beats.

Ammonia, largely diluted, was given, patient swallowing it. His condition was not much improved by this, and after about fifteen minutes an ounce of brandy was injected into the rectum. This was followed by hardly any improvement of symptoms, the patient being cold and his fingers livid; his skin was covered by clammy perpiration.

A half hour after (3, P.M.), another injection of brandy was given and patient removed to ward. Pulse 48, intermittent, weak. At 4, P.M., tube removed from trachea and incision sewed up. Some infiltration of cellular tissue with air. Pulse 60, stronger. 10.30, P.M.—Pulse 80, strong and regular.

Nov. 27th.—Doing nicely. Pulse 100, strong. Liquid diet.

30th.—Doing well. Acid. carbolic. to wound.

Dec. 10th.—Doing extremely well. No pain or trouble in nose or throat.

14th.—Breathes through nose perfectly. Incision entirely healed. No discharge from nose.

Dr. J. C. WARREN examined the tumor, and made the following report of the microscopical appearances:—

The growth, when first removed, was soft and pulpy, and at some points had the appearance of the fibro-cellular or myxomatous structure. It was covered externally with ciliated epithelium. Sections of a portion hardened in chromic acid showed the presence of numerous acini lined with columnar epithelium in the interior. The intervals between the acini consisted of fibrous structure quite rich in cells. It presented, in short, the appearance of a *glandular polyp*.

Dec. 28th.—*Acute Disease of the Colon, resembling commencing Gangrene; Gall Stones.* Dr. MINOT reported the case, and showed the specimen.

The patient was a gentleman, 81 years old, whose general health had always been good, though he had been subject to occasional attacks of cholera morbus in summer, and for many years had varicose veins of the legs. In 1863, he had a severe attack of pain in the right hypochondrium, with all the other symptoms of the passage of gall stones, including jaundice, and followed by some tenderness in the region of the liver. For several years he had been troubled with frequent desire to micturate, which increased much of late; and during the last few months he had an inguinal hernia of the right side, which was easily kept up by a truss. Dec. 21st, being as well as usual, he dined out. The next day, which was extremely cold, he drove down town, and spent some hours in his office, where he was attacked with severe pain in the left flank. There was much tenderness in a spot just over the crest of the ilium; a little vomiting; pulse not over 80; no rigor. The pain was made endurable by small doses of morphia, injected under the

skin, and no change took place in the symptoms, except that he slowly sank, and died in 36 hours from the first attack. There were no symptoms referable to the hernia.

At the autopsy, the large intestine was greatly distended with gas. At the beginning of the sigmoid flexure of the colon, for a length of about 14 inches, the peritoneal surface was of a dark red or chocolate color, and covered with small flakes of recent lymph. The greater portion of the corresponding mucous coat was covered with large patches of a dark gray, or blackish color, apparently resulting from a new formative process in the mucous membrane itself. Other parts were covered with a thin blackish pellicle, which could be removed in a layer in some places, while in others it was so firmly attached as to resemble the disorganized mucous membrane itself, from which it floated up in water, as a kind of slough. Considerable healthy mucous membrane was still to be seen. There was no obstruction of the intestine. Elsewhere, the peritoneum covering the intestine was in places redder than usual, but not covered with lymph. The bladder was nearly empty, small, the walls thick, and the lining membrane corrugated. The prostate was not large, and projected but slightly into the bladder, the orifice of the urethra being large enough to admit the finger. The gall-bladder was everywhere adherent to the liver, and contained several hundred calculi, of which five were as large as filberts, and the rest varied from the size of a pea to that of a small shot. The kidneys appeared healthy, with the exception of a small cyst in each.

JAN. 9th, 1871.—*Ulceration and Perforation of Gall-bladder.* The case was reported and the specimen shown by Dr. LYMAN.

E. T. Jr., æt. 21. In January, 1869, two years since, had a severe attack of biliary calculus, lasting a week. In June following, he had another attack, with jaundice and acute spasmodic pain, and some symptoms of peritonitis. No gall-stones were discovered. This left him with impaired health and strength. He went abroad soon after, and in November had a recurrence of the disease in Vevay, Switzerland, so severe that for some time his life was despaired of. On his recovery, he went to England, and, under a course of Harrogate waters, recovered his normal health and strength, which continued unabated until Dec. 30, 1870, when a recurrence of the trouble manifested itself. It not being convenient to see me, a small dose of chlo-

ral was prescribed by another physician, which gave him a comfortable night. The following day he drove to my office; was exceedingly irritable and depressed. Complained of pain in the region of the gall-bladder, which was manifestly enlarged. Conjunctivæ decidedly yellow. A wet cup was applied, a cathartic given, followed by an opiate and hot fomentations.

Jan. 1st, 2d and 3d.—The dull pain still continued, but not spasmodic or acute. The prominence very marked; skin hot and dry; pulse not much quickened; headache severe; thirst excessive; no nausea, except after taking cold water, which invariably caused severe pain.

Jan. 4th.—Intensely jaundiced. Had been delirious and unmanageable during the night.

Jan. 5th.—At the evening visit, found him exceedingly prostrated; pulse 148 and very feeble; fæces passing involuntarily. From this he soon rallied, under opium, whiskey and beef-tea.

Jan. 6th.—Was seen several times during the day, and in the evening was in every respect more comfortable, though his pulse was still quick. He improved rapidly until the following noon (the 7th), in which interval the bowels were moved naturally; the headache disappeared. The urinary secretion was very free and loaded with bile, the epigastric prominence had nearly subsided, and the jaundice almost gone. The pain now recurred slightly, which he attributed to a teaspoonful of tincture of rhubarb taken in the morning. Some relief was obtained from warm cloths, and between 2 and 3 he ate a small piece of mutton chop. At 5, the pain became severe, accompanied with restlessness. He slept for a short time, and remained quiet and free from pain until 10, when it became more severe, and the prominence was again perceptible. Being unable to sleep, at 1 he asked for an opium pill, but was given 20 grains of chloral instead. No sleep until 3, when he called for and used the urinal. He then went alone to the closet in which the chloral was kept, drew some water to rinse his mouth, and returning to bed said he would sleep, which he did. An hour later the nurse found him sleeping quietly. About 5 o'clock, she looked again, and found him dead. I attributed this unexpected result to one of three causes: thrombosis of pulmonary artery, an overdose of chloral, or perforation of gall-bladder. Thrombosis seemed improbable, for the reason that death was too tranquil and no difficulty in the respiration. Perforation

was more probable, but, though there had been for twelve hours more or less pain and restlessness, there was nothing of the sudden and acute pain which would be expected from the escape of bile into the peritoneum. I was therefore inclined to attribute it to chloral.

On the 2d of January, I prescribed four scruples of this in an ounce of ginger syrup, of which a teaspoonful was to be taken and repeated in half an hour if necessary. The following day, this being exhausted, of his own accord he directed the druggist to send six times the quantity. He continued its use another day or two, when, in view of his great prostration, and fearing his injudicious repetition of the dose, I substituted for it half grain opium pills. At this time the bottle was noticed to be more than half full, by measurement at least 26 drams. The only dose known to have been taken subsequently was the one of two teaspoonsful or twenty grains given as before stated four or five hours before death. On examining the bottle soon after, I found just ten drams remaining, leaving 14 drams or 140 grains unaccounted for. Whether he thoughtlessly took this quantity when he went to the closet at 3 o'clock to rinse his mouth, is uncertain.

A thorough post mortem being objected to, permission was obtained to make a sufficient incision to get at the gall-bladder. Old and firm adhesions from the previous attacks were found. No signs of recent lymph. The surface of the intestines was injected of a bright red, and the mesentery stained a dark brown. The gall-bladder unfortunately gave way through its thinned and softened portion in its removal. It was extensively ulcerated, and where attached to the liver was in one place completely destroyed, leaving a large opening into the substance of the organ nearly two inches in depth.

The circumstances connected with the chloral are certainly suspicious, but the diseased state of the gall-bladder, even if it were not the direct cause of his death, would doubtless have induced a fatal result sooner or later.

JAN. 9th.—*Ulceration of the Bowels, treated successfully by Injections of Solution of Nitrate of Silver.*—Dr. STORER reported the case.

On the 23d of August last, I visited a lady who gave me the following history of herself.

Previous to the 22d of February she had, for years, enjoyed uninterrupted health. On the evening of that day she was sud-

denly attacked with intense pain in the bowels, which could not be attributed to any assignable cause. Finding but little relief from such domestic remedies as were employed, the following evening she sent for a physician. At the expiration of three weeks from the commencement of her suffering, pus was discharged with the alvine evacuations; this increased in quantity, and was soon evacuated repeatedly during the day, not only with the fecal matters, but independent of them, entirely by itself. This condition continued for several weeks, when a second physician was applied to, who, after visiting also for several weeks and finding no improvement in his patient, gradually ceased his attendance, and finally withdrew altogether.

Suffering severe pain during every evacuation from her bowels, with frequent purulent discharges during the twenty-four hours, having an actual disgust for all food, obtaining but little sleep, and that unrefreshing, having fallen in weight from 150 pounds to 102 pounds since February, she was induced to apply for further medical advice. It was evident to my mind that the woman was suffering from ulceration of the bowels, and with this indication I ordered an injection of sixteen grains of nitrate of silver to eight ounces of water. But slight inconvenience was produced by the remedy, and scarcely any perceptible relief. A second injection, after an interval of forty-eight hours, slightly checked the purulent discharge, and diminished the pain during defecation. After the exhibition of six or eight injections, administered every third day, my patient expressed herself as much relieved in all respects. They were given for six or eight weeks, at intervals varying from three days to a week, as symptoms seemed to demand. Improvement has constantly followed the course pursued, save when there was a temporary negligence in diet and indigestible food has been taken. My patient visited me on the 3d instant. She tells me she has not perceived the slightest particle of pus for the past seven weeks, that her appetite is good, her sleep natural; that she has gained eighteen pounds, performs her usual household duties, and is perfectly well.

DEC. 28th.—*Cancer of Pylorus.*—Dr. BORLAND reported the case, under his charge at the City Hospital.

B. M., æt. 42, native of this city; pharmacist. First seen Dec. 5th, 1870. No hereditary tendencies to disease. Had intermittent fever in the West some 13 years ago, and with that exception has been per-

fectly well until commencement of present trouble. Temperate in habits. Since early in August has been subject to vomiting, at first after intervals of two or three weeks. Vomiting has steadily increased, and during latter half of November occurred every day or two. To use his own words, "when he got filled up he vomited." Never vomited any blood.

Has been costive since commencement of vomiting, and has used various laxative medicines, but never has kept bowels regularly open.

Constant and continued emaciation.

About middle of November noticed a tumor in epigastric and umbilical regions, to left of median line. Tumor continued slowly to increase until December 5th, when he entered the City Hospital.

When seen, patient was in bed. Is naturally a man of small stature, from 116 to 125 pounds in weight. Is very much emaciated, so as to be almost a living skeleton. There was a hard tumor in the abdomen, the size of a turkey's egg, to the left of the median line but bordering on it, and about midway between ensiform cartilage and umbilicus, but rather nearer the latter.

Tumor was movable, and pulsated with the abdominal aorta; the superficial skin was not adherent, and superficial veins not developed. Tumor rises and falls with acts of full inspiration. No tenderness about abdomen. Rest of abdomen much retracted. Pulsation of aorta distinct.

At first sight the tumor was thought to be malignant, and on account of the constant vomiting nutritive enemata were ordered, which were well retained. On the next day the tumor had disappeared, and the whole epigastrium was soft, distended, and tympanitic. A large enema of suds and oil was given, through a tube passed as high as possible up into the rectum, and followed by two foul copious dejections.

Nutritive enemata were well retained, and the patient seemed at first to improve, or at least held his own; the high enemata were repeated for several nights, always followed by a free dejection.

At various times lumps of faecal matter could be felt in the colon. *Ol. olivæ* ʒi. was ordered on Dec. 10th (five days after entrance), with the intention of repeating it if well borne, but it was soon vomited.

About this time he began to take food by the mouth in very small quantities. On Dec. 14th, nine days after entrance, took half a pint of milk, and the next day a little more, and the next a little broth. Then he vomited a large quantity of liquid. He

vomited in this way continually after intervals of two or three days.

On 17th, complained of pain, the only time since entrance, referred to lower part of right side of chest, immediately followed by vomiting of half a pint of fluid. He continued to fail gradually, and died on 19th, just two weeks after entrance.

Dr. WEBBER, who made the autopsy, said the stomach was distended with turbid fluid containing ingesta; it was adherent to the duodenum over a space of half an inch, and to the pancreas over a small extent; on the opposite side it was attached to the liver by very slight adhesions which, on gently raising the organ, broke and allowed the contents of the stomach to escape through an ulcerated opening at the centre of the adhesion. Just above the pyloric orifice, not quite reaching the valve and embracing more than three-quarters of the circumference, was a mass of disease three inches long by one and a half wide, of oval form, and evidently cancerous. Under the microscope the morbid growth showed alveolæ filled cells, and long plugs of cells resembling epithelial cells.

The other organs were not remarkable; the kidneys slightly granular; the lungs were more or less adherent to the parietes of the thorax; the apex of each contained a cheesy mass with a corresponding adhesion of the pleura.

Dr. BORLAND said certain peculiarities in the case rendered it at once interesting, and difficult if not impossible of diagnosis.

1. The absence of any tumor (except the faecal matter), a symptom found in 75 per cent. of cases (Brinton and Lebert).

The position of the tumor after death was sufficient to account for this, as it was completely covered by the left lobe of the liver and held fast by adhesions.

2. The freedom from pain, a symptom present, according to Brinton, in 92 per cent. of his cases.

Only once while in the hospital did he complain of pain. After death more accurate inquiries in regard to this point were made. His friends stated that they had never heard him complain of pain, but the week before he entered the hospital an expression often passed over his face as if he suffered. Expressions of his countenance somewhat like the above were observed while in the hospital, but they were not considered indicative of pain. He generally slept well, and moreover was rather irritable, and one who would be likely to speak of any severe suffering.

The absence of this symptom seems the

more peculiar on account of the extensive ulceration and adhesions to neighboring parts.

3. The absence of hæmorrhage, present in nearly one half Brinton's cases.

There were therefore left the obstinate vomiting, constipation, and progressive emaciation, on which to form a diagnosis.

Dr. JACKSON said that for many years he had, from time to time, seen cases in which the disease very nearly surrounded the pyloric portion of the stomach, but left a healthy strip that connected the duodenum with the stomach, and along which the food might be carried forward. It is not the mucous membrane alone, but the whole thickness of the organ that is healthy; and it seems to be a remarkable provision of nature to aid the stomach in the performance of its functions, when the rest of the circumference of the organ is, by its disorganization, unable to propel its contents. One of the most remarkable examples he had met with is a specimen that is now in the Society's Cabinet, and the case was published in the Catalogue in 1847; there is deep and extensive cancerous ulceration in the pyloric portion of the organ, a perfectly healthy strip of parietes connecting the stomach and intestine, and upon each side of the strip, and along its whole length, a prominent cauliflower-like excrescence that seems evidently intended to have made the passage for the food more safe and complete, as it was carried forward.

which was increased during the winter, with frequent palpitation, and occasionally oedema of the legs.

On the evening of April 6, 1869, she was attacked suddenly with severe dyspnoea and burning pain in the left shoulder. Some time after (how long she could not certainly state), she noticed a large number of red blisters on that shoulder. At the same time, according to the report of her neighbors, her face and limbs were of a remarkable blue color.

April 8, 1869, she was received into hospital. She was poorly nourished, with a dirty yellow color of skin and conjunctiva, dilatation of the veins of the neck, and emphysematous chest. The apex beat was found in the sixth intercostal space, on a line with the anterior edge of the axilla (the heart's dullness reached the same distance), and a sensible systolic fremitus was noticed. To this corresponded a strong systolic murmur over the mitral, followed by a short, light diastolic one. On auscultation of the lungs, there was found on both sides at the base behind numerous mucous râles. On the left shoulder and left upper arm were numerous groups of blisters seated on a congested base, varying from clear yellow to dark brown in color, some isolated, some confluent, which were limited to the space included between the fold of skin formed by the trapezius above the second rib and the insertion of the deltoid in the arm on the side and front, by the spina scapulæ behind. The abdominal organs were normal. The temperature was 37; pulse, 80; respiration, 36. The urine was 1026, contained neither blood nor albumen.

During the patient's stay at the hospital the zoster eruption in part dried up, and in part left ulcerations, with considerable supuration, which soon cicatrized. The difficulty of respiration diminished under the use of digitalis, but the cyanotic and icteric coloration remained in a remarkable degree. The veins of the neck, when the patient lay down, were swollen to the touch; at each inspiration, when the already scanty flow of blood to the brain was yet more impeded, the pupils dilated. The extremities were constantly cool, the temperature varying between 35.5 and 36.5; rose only once to

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CASES OF ZOSTER.

THE following two cases are translated from an article by Dr. Weidner in the *Berliner Klinische Wochenschrift*, July 4, 1870. They are interesting from the changes found in connection with the roots of the nerves. A third case of syphilitic origin, with spinal symptoms, is not translated, as no autopsy was made, the man recovering.

A woman, 69 years old, had enjoyed generally good health until her 64th year, when she had an apoplectic fit, losing consciousness for a short time, and having diminished power in the right arm. Since 65, she had had difficulty of breathing,

37.5. The pulse sank from 86 to 60 beats a minute, while the respiration decreased in frequency to 20. The blood was dark red; flowed from a needle prick more slowly than in health. The urine was diminished in quantity, but contained no blood or albumen.

May 4th, 9 o'clock, P.M., the patient had a chill; frequent and superficial respiration; small and rapid pulse (100); during the night many loose stools. Next morning occurred a more serious collapse. The percussion sound was shorter over the left back than the right; at the left base behind were crepitant râles; in front on the left at the height of the second rib were small mucous râles. Under increasing debility and dyspnoea, death followed at 6 o'clock in the evening, preceded by complete unconsciousness.

Post Mortem.—Enormous congestion of the vertebral venous plexus with dark fluid blood. Spinal dura mater somewhat stretched over the lumbar portion of the cord, its inner surface smooth and glistening; spinal arachnoid everywhere thin, containing the normal amount of fluid. The cord and the intervertebral ganglia showed no abnormal appearances, except a striking softness and paleness. The left lung contained air throughout. The right pulmonary artery contained a thrombus, adherent to its walls, which filled two thirds of its calibre and extended into the branches, some of which it entirely obstructed. The upper portion of the right pulmonary artery and the branch leading to the upper lobe contained dark, liquid blood. The upper lobe of the right lung contained little blood and was comparatively dry; also the lower lobe was relatively poor in blood, moderately filled with serum, everywhere containing air.

In the pericardial cavity were fully 200 cm. pale yellow liquid, with fine shreds of lymph. Enormous dilatation of the right ventricle, auricle and pulmonary artery, the circumference of the latter just above the valve being $10\frac{1}{2}$ cm. The branch to the right lung contained, united with its wall, a grayish yellow clot over one cm. thick, with rough surface, clearly striated, which at its borders passed continuously into the inner lining, without abrupt edges. Tricuspid

normal; right ostium venosum admitted four fingers. The columnæ carnæ of the right ventricle were nearly all surrounded with old, dark-brown and grayish-yellow clots. Left ventricle enlarged. The tendinous strings of the large folds of the bicuspid had increased to compact cords; moderate dulness, retraction and atheromatous thickening of the large important fold, and circumscribed rough concretion besides contraction along the border and the base of the small segment. The left ostium venosum admitted also four fingers; aortic valve sufficient, a large fold and concretions at its insertion; the aortic orifice easily admitted two fingers.

Prof. Müller had the kindness to make the microscopic examination.

"The spinal cord between the seventh cervical and the first thoracic nerves, the roots of the left seventh cervical, first and second thoracic nerves, the roots of the right first thoracic nerve and the ganglia of all these nerves were examined. The search for fatty nerve fibres on the fresh specimen was entirely negative in its result. The examination for increase of connective tissue cell elements in the ganglia was made on the hardened specimens. To harden the tissues, bichromate of potassa, and, later, alcohol were used.

"Section of the spinal cord, compared with that of another similar person, showed no change from the normal.

"The roots of the seventh cervical and of the second thoracic nerves and the anterior root of the first thoracic nerve on the left, the roots of the first thoracic nerve on the right, were normal. The sensitive root of the first thoracic nerve at its passage through the dura mater showed a small deposit of ellipsoidal bodies, 1 mm. long by 0.8 mm. wide. They were substituted for the neurilemma, and extended inwards, pressing asunder the nerve fibres. The deposit was formed of spindle-shaped, nucleated cells lying near each other, between which lay a number of round bodies, 0.1 mm. in diameter, formed of concentric layers, impregnated with carbonate and phosphate of lime. The primitive nerve fibres showed altogether uninjured axis cylinders.

"The size of the ganglia of the first tho-

racic nerve on both sides corresponded. This structure appeared the same by all the methods of examination. The primitive nerve fibres scattered in bundles, the ganglion cells 0.06 to 0.08 long, distributed in groups in the substance of the ganglion, with clear elliptical nucleus and large nucleolus; in the protoplasm a variable amount of brownish-yellow pigment; the single ganglion cells surrounded by a sheath 0.01 to 0.02 thick, formed of spindle-shaped connective tissue cells. The examination of the ganglia of a woman of the same age gave the same results.

"The *post mortem* completely verified the diagnosis in regard to the vertebral venous plexus. The microscopic examination showed, besides, on the posterior root of one of the nerves in whose course the zoster appeared, the above-mentioned histological changes."

In close connection with this case stands a second of Geh. Hofrath Gerhardt, in which a zoster in the region of the first branch of the trigeminus appeared in connection with pathological anatomical changes.

An aged scholar, who had suffered for many years from sciatica, had during some months a severe nervous toothache on the right side. Six months later, during a slight indisposition, he felt pricking sensations in his head on the right side between the vertex and the lambdoidal suture, especially at night, during four or five days. This sensation, after a pause of some minutes, returned regularly two or three times in rapid succession. Then the skin of the right side of his forehead became red and swollen over the space from the upper eyelid to $1\frac{1}{2}$ centimetres in front of the lambdoidal suture. Upon the reddened surface, at first exactly limited to the middle line, there arose, even as low as the upper eyelid and the angle between the root of the nose and the superciliary arch, a large number of small blisters standing close together, confluent at their bases—a zoster in the region of the first branch of the trigeminal.

At the same time the lids of the right eye were swollen, secreted profusely; the eye became red, the iris faded and narrow. After the eruption of the blisters, the patient felt only burning on the affected spot,

at no time headache. On the other hand, during the next few days appeared gastric symptoms, high fever, loss of sleep, restlessness and active delirium, which, first on the fourth day after the appearance of the zoster, yielded to returning health with a gradual diminution in the frequency of the pulse (from 92 to 64). The copious confluent zoster blisters, whose common base had slowly passed somewhat beyond the middle line, became turbid and in part, on the fifth day after the eruption, began to form crusts, while the swelling of the face disappeared.

On the 14th day after the commencement of the sickness appeared again, in connection with a severe neuralgia, redness and swelling of the right half of the face, especially the eyelid and lower jaw. The neuralgia reached, especially at night, a great intensity, and was increased by warmth. This time, also, there was fever, loss of appetite, and constipation; besides it was noticed that the last finger of the right hand was bluish and almost without feeling. After continuing a short time, the oedema of the face diminished and was confined to the upper lid of the right eye. The conjunctiva of this eye remained a short time hyperæmic, and there was a slight convergent strabismus. The painful decrustation of the zoster eruption which had previously commenced advanced during the next few days. The neuralgia, however, continued until the patient, after several light attacks of apoplexy, died five years later from catarrhal pneumonia.

Post mortem.—Calvaria moderately thin, and symmetrical. Dura mater pretty firmly adherent to the inner side, slightly thickened, internally smooth and shining. In the upper longitudinal sinus dark liquid blood with an insignificant clot, slight whitish dulness of the arachnoid along the median line, important pacchionian bodies. In the arachnoid cavity an increased amount of clear, light-yellow liquid; moderate amount of blood in pia mater. The anterior cerebral artery showed numerous circumscribed yellowish masses of atheroma. Convolutions symmetrical. Sulci widened. Consistence of brain moderately firm. Both substances containing a medium amount of

blood. Cortex and centrum semi-ovale, scattered over with many reddish-brown and black extravasations, punctiform, and the size of a pin's head. The latter region contained, besides, a number of round cavities, from the size of a pin's head to that of a cherry, filled with reddish-yellow clear liquid. The soft outer surface of the brain peeled off in places with the pia mater. Considerable atheromatous thickening of all the arteries of the base, the arachnoid turbid, the pia mater and the origin of the right trigeminal congested; the larger division of the nerve was smaller than the left, and immediately at its exit from the medulla oblongata was contracted as if from a cicatrix. The right trigeminal immediately at its entrance into the Gasserian ganglion was thinner than the left, and also seemed as if unravelled, having between the single bundles a reddish-yellow thickish liquid. No outwardly visible change on the surface of both crura cerebri. Slight dilatation of the lateral ventricle, ependyma smooth, in the cavity clear colorless liquid. Clearly marked *état criblé* of the large ganglia, many circumscribed dark brown punctiform hæmorrhages in the cortical substance of the left posterior lobe—in the middle of the outer periphery of the right lenticular nucleus.

An indented focus of softening about as large as a bean, surrounded by a yellowish, greatly congested capsule of connective tissue. A similar one, somewhat larger, under the cushion of the right optic thalamus. In the cerebellum, pons and medulla oblongata, except some insignificant circumscribed brownish or blackish extravasations, there was nothing remarkable. A cavity, the size of a walnut, in the apex of the left lung. The lateral wing of the bicuspid rather short; at its base a rich group, as large as a bean, of cock's-comb-like calcareous excrescence. Atheroma of aortic valve, and imperfect closure, with dilatation of the ascending aorta.

The microscopic examination of the Gasserian ganglion showed a rather large number of ganglion cells, of various sizes, with fine granular contents; some with clear and some with obscure nuclei. The ganglion cells had also at one of their poles brownish-yellow pigment, which was rather scanty in some and very abundant in others, so that it occupied two-thirds of the cell. They were enclosed in a connective tissue, which contained a great number of nuclei, which in one preparation contained cells filled with fat. Between the ganglion cells and the nerve fibres which were normal, were Hassal bodies.

EXTRACT FROM A LETTER FROM DR. H. PICKERING BOWDITCH TO DR. HENRY I. BOWDITCH OF THIS CITY. * * * * *

* * * * * "I have just returned from a visit of five weeks which I have been making in Munich, in order to hear Prof. Voit's lectures on the physiology of nutrition, a subject to which he has devoted his special attention for the last fifteen years. The lectures were admirable, and I learned a great deal while there, for Prof. Voit was very obliging in explaining to me his methods and showing me exactly how he made his various analyses. I had an opportunity of seeing Pettenkofer's great respiration apparatus, which he has lately adapted for performing calorimetrical experiments. The mode of experimenting is very simple and very ingenious. A wooden chamber, large enough to contain a man comfortably, is enclosed in a larger chamber with a considerable space between the walls. Air is continually drawn through the inner chamber by a steam pump and its amount measured by a gasometer. The temperature of the air is measured as it enters and as it leaves the inner chamber. Any increase of heat in passing through the chamber is of course due to the animal heat of the man contained in it. The amount of watery vapor added to the air by passing through the chamber is also determined. The amount of heat produced by the man during the time which the experiment lasts is equal to the amount necessary to heat the recorded quantity of air to the observed temperature, + the amount necessary to produce the observed quantity of watery vapor, + the amount lost by radiation and conduction in the apparatus. This last amount is determined by burning a given quantity of gas or candles (of which the combustion warmth is known) in the apparatus and noting how much of the heat which is known to be produced is recorded by the above method of experimenting. If the deficit is 20 per cent., for example, this is considered as the loss by radiation and conduction in the apparatus, and a similar loss is assumed in the experiments with animal heat. The correction is therefore easy to apply. Professor Pettenkofer read one evening at a meeting of a medical society a very interesting article on the cholera in India as reported by the English government agents, and brought forward additional proofs for his theory that a certain amount of water in the soil is a necessary condition for the development of the disease. If there is too much or too little water the disease is not developed.

Leipsic, January 15, 1871.

Medical Miscellany.

THE MASSACHUSETTS GENERAL HOSPITAL.—At the annual meeting of this corporation held a few days ago the following officers were elected for the ensuing year:—

President—Edward Wigglesworth.

Vice-president—Nathaniel Thayer.

Treasurer—J. Thomas Stevenson.

Secretary—Thomas B. Hall.

Trustees—James M. Beebe, Charles H. Dalton, Edmund Dwight, Samuel Eliot, George S. Hale, George Higginson, Henry B. Rogers, Samuel W. Swett.

AGES OF DECEASED MEMBERS OF THE MASSACHUSETTS MEDICAL SOCIETY.—A friend states the average duration of life of the 850 deceased members of the Society, whose ages are on record, to be 58½ years.

THE MARINE HOSPITAL AT CHELSEA.—The report of the superintendent of this institution for the year 1870 has been made to the Secretary of the Treasury. The number of patients received at the hospital for the year 1870 was 795. On a reference to the books of the institution, it is found that this is far in excess of other recent years. In 1862 the number was 419; 1863, 555; 1864, 455; 1865, 552; 1866, 777; 1867, 718; 1868, 723; 1869, 709.

The number of patients at present in the institution is 104, among which Dr. Bancroft, the superintendent, mentions several as being cases of interest.

DISPENSING MEDICINES.—In the December number of the *Druggists' Circular* is a Communication calling the attention of physicians and druggists to the discrepancy between the strength of syrups, tinctures and infusions made from Wood and Bache's Dispensatory, and those made from fluid extracts by Tilden's formulas.

Now, it is not generally known by physicians that a large number of their prescriptions for these preparations are made up from fluid extracts, or extemporaneously made from private formulas; but such is the fact.

I will relate one instance of my own experience, which will more fully illustrate how we are imposed upon by those who ought to be above it.

Less than two years ago I took a prescription for infusum rhei. comp. to one of the oldest established stores in your city, and asked one of the proprietors how long it would take him to prepare it. He replied two or three minutes; but when I demurred, saying it was too short a time to have a good infusion, he replied, "Your physician may have told you it would take two or three hours; but Dr. So-and-so used to prescribe it, and we always keep it prepared, and the older an infusion, the better."

At the next store I went to, the clerk very kindly offered to make it up in two or three minutes from fluid extracts. It had been put up the day previous at another first-class store in a few minutes, by triturating some powder with hot

water in a mortar, the clerk directing the person to "shake well and swallow dregs." And yet you are often told to take your prescriptions to these stores, when perhaps you may have to pass some half-dozen where you would be properly served, from the very fact that physicians do not frequent them enough to become familiar with their method of preparing and dispensing, and some they shun altogether. What is the remedy? Go in and familiarize yourselves with those who make and dispense the medicine; and if they are wrong, suggest the right, and then if they heed not, discard them.—B. F. CLOUGH, M.D., of Worcester, in *Boston Journal of Chemistry*.

NOTICE.—Will the unknown friend to whom we loaned the photographs representing the Histology of the Minute Bloodvessels, oblige us by returning them to this office.—Ed.

TO CORRESPONDENTS.—Communications accepted:—A Case of Convulsions, with prolonged Tonic Spasms, in a Child of four Months, treated successfully with Hydrate of Chloral.—Pharmaceutical Legislation on the Sale of Poisons.

CORRECTIONS.—Page 61 of this volume, in the title of Editorial, for "Pruritis" read *Pruritus*.

Page 70, line 33, for "but, in all four cases, however, the incontinence was total," read *in all but four cases, however, the incontinence was total*.

DIED.—At East Randolph, 1st inst., T. E. Wood, M.D., aged 65.

Deaths in fifteen Cities and Towns of Massachusetts for the week ending Feb. 4, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	93	Consumption 43
Charlestown	7	Pneumonia 17
Worcester	17	Scarlet fever 9
Lowell	21	Croup and Diphtheria . . . 6
Milford	3	Typhoid fever 6
Chelsea	4	
Cambridge	13	
Salem	7	
Lawrence	10	
Lynn	12	
Fitchburg	4	
Newburyport	8	
Somerville	3	
Fall River	10	
Haverhill	2	
	214	

Boston reports one death from smallpox.

GEORGE DERBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, Jan. 28th, 93. Males, 45; females, 48. Accident, 3—ankle, disease of, 1—apoplexy, 4—anaemia, 1—bronchitis, 6—brain, congestion of, 2; disease of, 1—burned, 1—cancer, 1—cyanosis, 2—canker, 1—consumption, 18—convulsions, 1—croup, 1—debility, 3—dropsy of brain, 5—diphtheria, 1—erysipelas, 1—exposure, 1—scarlet fever, 4—typhoid, 1—gangrene, 1—heart, disease of, 4—intemperance, 1—liver, disease of, 1—lungs, congestion of, 1; inflammation of, 4—marasmus, 1—neuralgia, 1—old age, 4—paralysis, 1—premature birth, 4—puerperal disease, 4—peritonitis, 1—smallpox, 1—synovitis, 1—suicide, 1—teething, 1—"vomiting," 1—unknown, 1.

Under 5 years of age, 35—between 5 and 20 years, 7—between 20 and 40 years, 25—between 40 and 60 years, 11—above 60 years, 14. Born in the United States, 73—Ireland, 13—other places, 7.

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	U. S. P.		U. S. P.
Aloes and Myrrh.....	4 grains.	Cynogloss.....	1 grain
Compound Cathartic.....	3 "	Quevenne's Iron reduced by Hydrogen.....	1 "
" ".....	1 1/2 "	Proto-Iodide of Iron.....	1 "
Aloritic.....	4 "	Lactate of Iron.....	1 "
Aloes and Asafoetida.....	4 "	Sulphate of Quinine.....	1 and 2 "
Dinner, Lady Webster's.....	3 "	Valerianate Quinine.....	1 "
Comp. Calomel, Plummer's.....	3 "	" Zinc.....	1 "
Blue Pills.....	3 "	" Iron.....	1 "
Opium Pills.....	1 "	Citrate of Iron and Quinine.....	2 "
Calomel Pills.....	2 "	" Iron.....	2 "
Opium et acet Plumb. each.....	1 "	Willow Charcoal.....	2 "
Extract of Rhatny.....	2 "	Discordium.....	2 "
Compound Rhubarb.....	3 "	Anderson's Anti-Bilious and Purgative.....	2 "
Compound Colocynth.....	3 "	Extract of Gentian.....	2 "
Compound Squills.....	4 "	Iodide of Potassium.....	2 "
Dover Powders.....	3 "	Calcined Magnesia.....	2 "
Carb. Iron, Viallet's Formula.....		Rhubarb.....	2 "
Carb. of Manganese and Iron.....		Ergot Powder, covered with sugar as soon as pulverized.....	2 "
Kermes.....	1-5 "	Phellandria Seed.....	2 "
Stantinine.....	1/2 "	Washed Sulphur.....	2 "
Bi-Carbonate of Soda.....	4 "	Sub-Nitrate of Bismuth.....	2 "
Magnesia and Rhubarb, each.....	1 "	Tartrate of Potassia and Iron.....	2 "
Meglin.....	1 "		

GRANULES.

Of 1-50 of a grain each.		Of 1-50 of a grain each.	
Aconitine.	Morphine.	Tartar Emetic.	Extract of Hyoscyamus.
Asenious Acid.	Strychnine.	Codeine.	" Ipecac.
Atropine.	Valerianate of Atropine.	Conicine.	" Opium.
Digitaline.	Veratrine.	Ext. Belladonna.	Proto-Iodide of Mercury.
Lupuline.....	1/2 grain.	Extract Rad. Aconite.....	1-4 grain
Extract of Nux Vomica.....	1/2 "	Emetine.....	1-4 "
Veratrine.....	1-24 "	Iodide of Mercury.....	1-4 "
Sulphate of Morphine.....	1-8 "	Valerianate Morphine.....	1/2 "
Corrosive Sublimate.....	1-12 "	Acetate Morphine.....	1-8 "
Nitrate of Silver.....	1/2 "	Digitaline.....	1-24 "
Extract of Hyoscyamus.....	1/2 "	Strychnine.....	1-12 "

Colchicum (each granule equal to two drops of tinctures).

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Cubebs and Alum.

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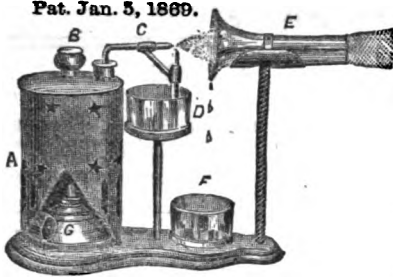
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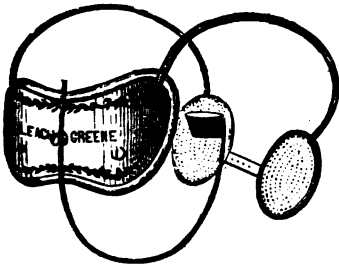
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They are recommended by the leading surgeons.

Pamphlets with authorized testimonials sent free.

None genuine but those manufactured exclusively for the inventor, under his patent.

D. DeFOREST DOUGLASS,
Burt's Block, Main Street,
Springfield, Mass.

☞ No connection whatever with inferior government legs.
Jan. 6—tf.

DOUGLASS'S ARTIFICIAL LIMBS IN BOSTON.

CODMAN & SHURTLEFF, 12 and 15 Tremont Street, Boston, are authorized by me to act for the sale of my Artificial Limbs. Orders and measurements taken, and full information given by applying to them.

D. DeFOREST DOUGLASS.

Jan. 13—cowl

MEDICAL JOURNAL ADVERTISING SHEET.

VACCINE VIRUS.

SPECIAL NOTICE.

The subscriber will not in future, in any case, furnish either Cowpox or Humanised Vaccine Lymph to any agent or dealer. It is most important that physicians should know the precise source of their vaccine supply, and who is solely responsible for its excellence; this can only be attained by direct communication with the person who devotes himself to this troublesome and laborious speciality.

HENRY A. MARTIN, M.D.,
27 Dudley Street, Boston (Highlands).

Jan. 19—41.

IMPORTANT Article of Diet for the Delicate and Consumptive.

We would call the attention of the Profession to the fact that Messrs. METCALF & Co., Tremont Street, have just received a lot of SAVORY & MOORE'S

DIGESTIVE PANCREATIC COCOA.

A highly nutritious, digestible, and palatable dietetic preparation, specially adapted to the support and nourishment of persons suffering from Indigestion, Debility, and Pulmonary Complaints.

It has the great advantage over all other kinds of Cocoa in not disagreeing with the most delicate stomach, the fatty constituents being rendered easy of digestion and assimilation by the aid of PANCREATIN, the New Remedy for Indigestion, &c.

Gentlemen whose patients have enjoyed the above abroad will be glad to avail themselves of the opportunity now offered.

Jan. 26—St.

ANDER'S EXTRACT OF MALT.

A carefully prepared unfermentable Extract of Pure Malt, particularly recommended as a highly nutritious and strengthening Tonic or Food for Invalids and children.

It is also excellent in *Chronic Dyspepsia*, *Constipation*, and affections of the stomach and intestines, and can be retained in the stomach when farinaceous or other food cannot be borne.

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292 Washington, Boston.

07—41

THE PHYSICIAN'S HANDBOOK OF PRACTICE for 1871.

By WM. ELMER, M.D., and ALBERT D. ELMER, M.D.

Copies of the Handbook for 1871 have been received, and are on sale at the Medical Journal Office. The work is well printed and ruled, on good paper and in neat binding, and the internal arrangements for the practitioner's daily use are ample and convenient.

Price, \$2.00. Orders are solicited by the Publishers of this Journal. On receipt of the money by mail, the work is sent free of postage.

PHYSICIAN'S DAILY ACCOUNT BOOK.—Published and for sale at the Medical Journal Office. This Account Book has been in use for many years, and has been found convenient and economical to the practicing physician. It is constructed upon the plan which some of the leading physicians of Boston consider best adapted to the limited time which the medical practitioner has to bestow upon the proper keeping and making out of his accounts. A cash book and ledger accompany the daily account; but as some prefer a different arrangement in making their charges, the following kinds of the books are furnished, with the prices annexed:

Small size, with Day Book, Cash Book and Ledger,	\$3.00
Large size, with the same,	4.00
Large size, Day Book only (bound up especially for individuals preferring separate Cash Book and Ledger),	4.00

Orders, with the amount enclosed, may be sent by mail to the publishers of the Journal, and the book will be forwarded by Express, or as otherwise directed.

HYDRATE OF CHLORAL—

MORSON'S ENGLISH,
SCHEIBING'S GERMAN,

Imported and for sale by T. METCALF & CO.
Je23— Apothecaries, 39 Tremont Street, Boston.

DR. E. B. MOORE, 194 Hanover St., will hereafter attend *exclusively* to office Practice and Consultations.
Jan 19—41.

THE SUBSCRIBERS, a Committee appointed by citizens of Boston and its vicinity, to erect a monument at Mt. Auburn to the memory of the late WILLIAM T. G. MORTON, as the "Inventor and Revealer" of Anæsthetic Inhalation, having performed that duty, wish now to present to the community the claims of the widow and children of Dr. Morton, who have been left in straightened circumstances. There are doubtless throughout this country many who, having experienced the relief conferred by the inhalation of Ether, will rejoice at this opportunity of offering a token of gratitude to Dr. Morton's memory by contributing to the comfort of his family. Any sums, however small, will be gratefully received and acknowledged by any of the undersigned.

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WILLIAM WHITING, 85 Court Street.
HENRY L. BOWDITCH, M.D., 113 Boylston Street.
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LOTHER PARKER, M.D., 8 Chestnut Street.
SAMUEL KNEELAND, M.D., Institute of Technology.
JOHN C. WARREN, M.D., 2 Park Street; or
FRANCIS MINOT, M.D., Treasurer, at 7 Charles St.

Jan. 26—41.

THE AMERICAN JOURNAL OF

SYPHILOGRAPHY AND DERMATOLOGY:

A Quarterly Review,

devoted to the consideration of

Veneral and Cutaneous Diseases,
Including all diseases having a venereal origin or lesion, and their Treatment.

Edited by M. H. HENRY, M.D.

Surgeon to New York Dispensary, Department of Venereal and Skin Diseases, &c. &c.

The Journal is printed from clear, large, new type, on the best paper, and is distinguished by excellence of its execution.

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Each volume in itself forms a Complete Year-book of Special Diseases.

F. W. CHRISTERN, Publisher,
77 University Place, New York.

D16—cowly.

189 WARREN AVENUE, Sept. 16, 1869.

DR. T. W. FISHER, having retired from service at the Boston Hospital for the Insane, to enter on general practice in this city, will give attention by preference to Mental and Nervous Diseases.

He has permission to refer to the following gentlemen:

Dr. C. A. Walker,	Dr. J. E. Tyler,
Dr. D. H. Storer,	Dr. H. I. Bowditch,
Dr. O. E. Buckingham,	Dr. R. M. Hodges.

Office hours, 8 to 9 and 1 to 3.

D1—ly.

LEOPOLD BABO, German Apothecary, No. 12 Boylston Street, Boston.
Dec. 21—

CHARLES H. SPRING, M.D., has removed to
No. 28 HARRISON AVENUE.
Special attention given to the Treatment of Diseases of the Spine &c.

DR. EPHRAIM CUTLER has removed his City Office to 128 Boylston Street.

Hours, 9 A.M. to 12 M.

May 30, 1868.

Je. 11—tf.

DR. KIMBALL has returned from Europe, and has resumed his office, No. 6 Temple Street.
Office hours from 10½ A.M. to 2½ P.M.

020—41.

The Boston Medical and Surgical Journal

(16 pages royal 8vo.)

IS PUBLISHED EVERY THURSDAY

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

FRANCIS H. BROWN, M.D., EDITOR.
H. H. A. BEACH, M.D., ASSISTANT EDITOR.

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HARVARD UNIVERSITY. Medical Department, Boston, Mass.

SUMMER SESSION....1871.

THE regular Course of Summer Instruction will begin at the Massachusetts Medical College, North Grove Street, Boston, on March 13th, and continue until the next Winter Course of Lectures on the first Wednesday in November. The Session is divided into two Terms by the summer vacation of two months. Gentlemen who finish their undergraduate course during the summer months, should join the Medical School at the beginning of the Fall Term, Sept. 11th; their requisite three years of study being thus completed in time for the special examination for medical degrees, which precedes the annual commencement at Cambridge.

Recitations are held daily by the Professors and Instructors in all the branches necessary to a medical education. Clinical instruction in Medicine and Surgery is also given daily at the Massachusetts General Hospital and the City Hospital. Other Hospitals and the various dispensaries and infirmaries in the city are likewise open to students. Lectures on special branches will be given at the College by University Lecturers, and courses on the sciences connected with Medicine, Zoology, Botany, Chemistry, and Physics, will be delivered in Cambridge by the Professors in these departments, which students may attend without extra charge.

THE CHEMICAL LABORATORY is open during the Summer, and practical instruction is given in physiological, pathological and toxicological Chemistry. A Laboratory is also opened in which students are thoroughly exercised in the management of the MICROSCOPE.

THE DEMONSTRATING ROOM is open and abundantly supplied with accurate subjects, during March, April and October. No charge is made for anatomical material, or for demonstration.

FEES.—The fee for instruction during the Summer Session, from March to November, is \$100; for the Winter Lectures, \$121. The fee for the entire year, for the Winter Lectures as well as the Summer Session, is \$200. The fee for Graduation is \$30. The fee for Matriculation is \$5. This is appropriated to the increase of the Library, and is to be paid to the Dean once by all who desire to become members of the College.

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JOHN B. TYLER, M.D., Lecturer on Mental Diseases.
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GEORGE D. DERRY, M.D., Lecturer on Hygiene.

- HARVEY DERRY, M.D., Lecturer on Ophthalmology.
ROBERT AMORY, M.D., Lecturer on Physiological Action of Drugs.
FREDERICK I. KNIGHT, M.D., Lecturer on Laryngoscopy.
CLARENCE J. BLAKE, M.D., Lecturer on Otology.
CHARLES B. PORTER, M.D., Demonstrator of Anatomy.
HENRY H. A. BRACE, M.D., Asst. Demonstrator of Anatomy.

A detailed account of the Winter and Summer Sessions, as well as of the Harvard Dental School, will be forwarded (post-paid) by DAVID CLAPP & SON, 334 Washington Street, Boston. The Janitor of the College will advise students in the selection of boarding places, and will always have a list of such as are in the vicinity of the College Building, varying in their rate of charges. Students are invited, on coming to town, to call upon the Dean of the Faculty, 114 Boylston Street, to whom all letters must be addressed.

Nov. 3.—Jan.

CALVIN ELLIS, M.D., Dean of the Faculty.

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MANUFACTURED BY

**JOHN WYETH & BROTHER,
PHILADELPHIA.**

The attention of Physicians is solicited to our more recent Pharmaceutical Preparations. Our facilities for manufacturing enable us to offer these preparations at a less rate to Physicians and Druggists than they can be prepared for, except on a very large scale. They are made with scrupulous exactness, and are in every respect identical with what we dispense over our retail counters. They will be supplied by the leading Druggists in all our large cities, or we will send samples to Physicians, with price list, free of charge.

Elixir Phosphate Iron, Quinine and Strychnia.

There is perhaps no prescription so generally used and with such gratifying results, as the above combination. Owing to the intensely bitter taste of the solution or the syrup, patients very generally object to them, and many sensitive stomachs reject their administration. Physicians hesitate to prescribe in pill form from the want of prompt action—the frequent passing away from the system undissolved, and the occasional cumulative action of the Strychnia, when the pills are long retained. This Elixir has been extensively used with very gratifying results, and does not seem open to any of the above objections. Using pure Alkaloids of Quinia and Strychnia the excess of acid is not required, the bitter taste is not developed, and the Elixir is readily taken by children as well as adults.

Each teaspoonful contains two grains of Phosphate of Iron, one of Quinia, and one sixtieth of a grain of Strychnia.

Adult dose, one teaspoonful three times a day.

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This preparation is identical in strength with the Comp. Infusion of Gentian of the Pharmacopœia, with the addition of one grain of Phosphoretic Iron to each teaspoonful.

This Ferre-Phosphoretic Tonic Bitter excites the appetite, invigorates digestion, and operates as a general corroborant. Blended with Aromatics, and slightly acidulated with Phosphoric Acid, it proves grateful to the most delicate stomach.

Give to children one-half to a teaspoonful before eating. Adults, a dessert-spoonful as often.

Elixir of Hops.

This preparation represents, in the most agreeable form, the Tonic and Anodyne Properties of Hops. There are few medicines of more real value, and less open to objection from continued use, in cases of wakefulness, nervous tremors, and the general irritability so often associated with Dyspepsia. This equals in strength the official Tincture of Hops.

Adult dose, one or two teaspoonfuls.

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[Goddard's Formula.]

This preparation, combining the stimulant and anti-spasmodic properties of both Valerian and Ammonia, in a form agreeable and convenient, has proved a valuable agent in all cases of Nervous Derangement, Neuralgia, Hysteria, Nervous Headache, and in all those complicated disorders consequent upon nervous debility and depression.

Adult dose, one or two teaspoonfuls.

Elixir Valerianate Ammonia and Quinine.

This is simply our Elixir Valerianate of Ammonia, with the addition of one grain of Quinia to each fluid drachm. It is an agreeable and effective Anodyne and a powerful Nerve Tonic.

Physicians and Apothecaries will find it a much more elegant preparation than can be prepared extemporaneously, or that can be made from any of the salts of Quinine.

Elixir of Calisaya Bark.

An Agreeable Stomachic and Efficient Tonic.

This is a most delightful and energetic tonic and restorative. Prepared with Sherry Wine, Peruvian Bark, and Aromatics, it is peculiarly grateful to patients suffering from debility, loss of appetite, and general lack of nervous force.

Each fluid drachm represents five grains Calisaya Bark.

Directions.—A teaspoonful for children, a dessert-spoonful for adults, three times a day, or as required.

Elixir of the Pyrophosphate of Iron.

Iron with Phosphorus and Calisaya.

Promptly tonic, without being irritating or stimulant, combining the effects of Phosphorus and Iron with the codial and tonic influences of the Calisaya Elixir. The freedom from all unpleasant taste, and the ease with which this preparation is borne by even the most sensitive stomachs, together with its ready assimilation with the food, and consequent rapid absorption, render this preparation specially valuable. It is used with benefit in all instances where a nerve tonic is indicated.

Each teaspoonful represents the activity of five grains of Calisaya Bark, together with two grains of the Soda-Pyrophosphate of Iron. This Salt of Iron is not precipitated in the stomach by the agency of food or gastric juice, and will be found an efficient chalybeate when ordinary iron preparations produce constipation, headache, etc.

The dose for an adult is a teaspoonful three times a day, immediately before or after meals. For children, to be graduated according to age.

Ferrated Elixir of Cinchona.

Iron, Peruvian Bark, and Choice Aromatics.

This preparation embodies the cordial, tonic, and anti-periodic properties of its constituents, so modified by the combination as to avoid the objectionable effects of their distinct action. Its constant and continued use by our leading practitioners, and its often attested good results, warrant our decided endorsement of its merits.

Each dessert-spoonful represents two grains soluble Citrate of Iron, and ten grains Red Peruvian Bark.

The dose for an adult is a dessert-spoonful three times a day, immediately before or after meals. For children, to be graduated according to age.

Elixir Pepsin, Bismuth and Strychnia.

This combination consists of Pepsin (prepared from the stomach of the Pig), with the soluble Citrate of Bismuth, and one-sixtieth of a grain Strychnia to each fluid drachm. It has been employed with very great success in Dyspepsia, Gastralgia, General Debility of the System, and in all the numerous disorders dependent on want of tone and vigor of the stomach and digestive organs.

Compound Syrup of Hypophosphites.

This preparation, suggested by the experience and researches of Dr. CHURCHILL, is composed of the Hypophosphites of Lime, Soda, Potassa and Iron. The theory of the advantage of the Hypophosphites is based upon the elimination of free Phosphorus into the system. The therapeutic effect would seem to sustain the value of this preparation, from the benefits derived from their use, both here and abroad.

Each fluid drachm contains two grains Lime, two grains Soda, one grain Potassa, one half grain Iron.

Adult dose, one teaspoonful three or four times a day.

Bitter Wine of Iron.

Citrate of Iron and Peruvian Bark.

Prepared with Sherry Wine, Calisaya Bark, and Citrate of Iron, each fluid drachm represents two grains of the ferruginous salt, and the activity of five grains of Calisaya Bark.

Among the many chalybeate and vegetable tonic combinations that are justly entitled to a high degree of favor, we know of none more worthy of esteem than this. The happy effect, in many cases of debility, loss of appetite and general prostration, of an efficient Salt of Iron combined with our most valuable Nerve Tonic, has been so frequently demonstrated, that we feel every confidence in recommending it. For an adult, a teaspoonful immediately before or after each meal.

[Continued on next page.]

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Compound Syrup of Phosphates, or Chemical Food.

Composed of the Phosphates of Lime, Soda, Potassa and Iron.

This preparation was introduced by Professor Jackson, of the University of Pennsylvania, and has been extensively prescribed with very gratifying results. It is not intended as a popular remedy, but is submitted to the Medical Faculty as a nutritive tonic, well suited to supply the waste of elementary matter in the human system during the progress of chronic cases, particularly in Dyspepsia and in Consumption.

By careful and intelligent manipulation, the salts are all held in complete solution, hence their efficiency in a small dose. This preparation is pleasant to the eye, agreeable to the taste, and grateful to the stomach, and does not nauseate by protracted use.

Each fluid drachm contains one grain freshly precipitate Phosphate of Iron, two grains Phosphate of Lime, one grain Phosphate of Soda, one-half grain Phosphate of Potassa, with slight excess Phosphoric Acid.

Adult dose, a teaspoonful.

Ferrated Cordial Elixir.

This Elixir rivals in delicate and delicious flavor the most prized of the foreign cordials. Specially grateful to a sensitive and delicate stomach, it stimulates digestion and invigorates the whole system. For the general debility, nervous prostration and loss of vigor of females and children, it is particularly indicated. The healthy color, renewed muscular force, buoyant spirits and regained appetite, give the best evidence of the rapid assimilation of the Chalybeate Salt. Each fluid drachm contains one grain of Pyrophosphate of Iron.

Directions.—Children, one-half to a teaspoonful before eating. Adults should take a tablespoonful as often.

Elixir Bromide Potassium.

The Elixir contains five grains Bromide Potassium in each teaspoonful, and is an agreeable and elegant form of administering this highly prized alterative and nerve sedative. The objectionable saline taste is completely masked in this Elixir, and the Bromide will be found less apt to produce nausea and derangement of the digestive organs.

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We offer to Physicians a Cod Liver Oil, perfectly pure, prepared with scrupulous care, and perfectly free from any acrid, bitter, or empyreumatic taste. Physicians will find that patients sensitive to the taste and unable to digest the ordinary oil, can take this readily and with the consequent benefit of so valued a nutriment.

Very delicate persons should take in teaspoonful doses for the first few days, and increase as the physician may direct.

Put up in 16 oz. bottles.

Elixir Calisaya Bark, Iron and Bismuth.

This Elixir contains one grain of Soluble Citrate of Bismuth in each teaspoonful of the Ferrated Elixir of Cinchona. The addition of the Soluble Salt of Bismuth gives increased value, in cases of debility, dependent on enfeebled digestion, or associated with gastritis.

Elixir Calisaya Bark, Iron and Strychnia.

Each teaspoonful contains one-fiftieth of a grain of Strychnia; this enhances the tonic power, and will be found a valuable adjunct to the other constituents, when a powerful nerve tonic is desired.

Each fluid drachm contains Calisaya Bark, two grains Iron, one-fiftieth grain Strychnia.

Wine of Pepsin.

From the Stomach of the Pig.

This is the most effective and agreeable form of administering Gastric Juice as an aid to enfeebled digestion. We add, in the preparation of our Wine of Pepsin, a small quantity of Lactic Acid, supplying the want of the necessary acid, and increasing greatly the efficiency of the remedy.

Adult dose, one to two teaspoonfuls.

Ferrated Wine or Wild Cherry Bark.

Few medicines combine so pleasantly as valuable effects as the carefully selected bark of the Wild Cherry. Uniting a tonic, expectorant and sedative influence, it is indicated in most cases of debility, particularly when accompanied by local irritation. By careful and elegant pharmacy we combine in this preparation a protocol of Iron, giving the advantage of a combination so frequently desired.

Each fluid drachm contains twenty grains of the Bark two grs. Iron.

In addition to the above, we prepare all the other popular Pharmaceutical combinations, which we supply at reasonable prices.

JOHN WYETH & BRO.,
1412 Walnut Street, Philadelphia.

WEEKS & POTTER,

Wholesale Agents, Washington Street, Boston,

Jy. 3-1y.

Wine of Wild Cherry Bark.

This is a pleasant and concentrated preparation of Wild Cherry Bark, and will prove an elegant form of administering this valued tonic and sedative. Each fluid drachm represents twenty grains of the bark, collected at the proper season.

Adult dose, one teaspoonful.

Wine of Ergot.

There is no preparation more dependent for its value upon intelligent selection of the drug and careful preparation, than Wine of Ergot, and perhaps none more uncertain in effect as generally dispensed. We have long prepared it with carefully selected and fresh ergot, and feel assured physicians will not be disappointed in the effect. Strength, United States Dispensary.

Elixir Valerianate of Strychnia.

The bitter taste of the Strychnia is masked in this preparation, and will be found perhaps more effective than when given in pill form. Each teaspoonful represents (1-40) one-fortieth of a grain of Strychnia. The adult dose is one teaspoonful.

Comp. Syrup Phosphate of Manganese.

This preparation of Manganese, Iron and Soda has been extensively used with almost uniform good results in many cases of anemic condition, in which iron has failed to benefit. The salts are prepared fresh, and held in solution by a slight excess of acid. Each teaspoonful contains one grain Phosphate of Iron, one of Manganese and two of Soda.

Dose, one teaspoonful. Physicians will find this an exceedingly valuable addition to their list of remedies.

Solution Carbolic Acid.

We prepare this solution of a uniform strength, with full directions as to use. It will be found much more convenient for both internal and external use, than the Glacial Carbolic Acid, or any of the many Carbolic Acids, of uncertain strength, now imported.

Each fluid ounce contains forty grains of the Glacial Acid.

Put up in 16 oz. bottles.

We have also the Pure Crystallized Acid in 1 oz. G. S. bottles.

Syrup Superphosphate of Iron.

This preparation is prepared from the recently precipitated Phosphate of Iron; will keep in any climate, and is a deservedly popular remedy. Each fluid drachm contains three grains of Phosphate of Iron, with an excess of Phosphoric Acid.

Adult dose, one teaspoonful, immediately after meals.

Elixir of Bismuth.

The greater efficiency of Bismuth in solution, over the insoluble salts, usually given, recommends this preparation in the many cases of gastro-intestinal irritation, in which bismuth is indicated. This Elixir contains two grains of the Citrate of Bismuth in each fluid drachm.

Adult dose, one teaspoonful.

Comp. Fluid Ext. Buchu and Pareira Brava.

This fluid extract is composed of equal quantities of Buchu, Pareira Brava, and Collinswoodia Canadensis. As a tonic and diuretic it will be found of great value; exerting prompt remedial action in Catarrhus Affections, Chronic Inflammation, and Ulceration of the Kidneys and Bladder, Leucorrhoea, Dropsy, &c.

In Chronic Inflammation of the Bladder, for allaying irritability of that organ, and correcting the disposition to profuse mucous secretion, we specially recommend it.

Adult dose, one teaspoonful three times a day.

Suppositories.

Rectal, Vaginal, and Male Urethral Suppositories and Soluble Pessaries of pure Butter Cacao, made with great care, and of every variety of combination. Lists sent on application.

Sponge Tents

For the Urethra, of every size and style, made of finest quality of sponge. Can be ordered with or without Carbolic Acid.

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Pearls of Chloroform, Aipol, Oil of Turpentine, Copaiba, Wormseed Oil, Oleo Resin Cubeba, Oils of Copaiba and Cubeba.

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New Electro-Magnetic Machines and Galvanic Batteries.

The Medical Profession is solicited to examine the valuable improvements in Electrical Instruments, patented Feb. 1, 1870, and manufactured by the GALVANO-FARADIC MANUFACTURING CO. The recent researches of European Scientists in Therapeutical Electricity has attracted the attention of the most intelligent physicians. Few can now dispense with Electrical Machines, although formerly abandoned, owing to their inefficiency and inconvenience. These inconveniences are now obviated. Our Instruments meet all the requirements of advanced science. They are the most elegant, powerful, and cheapest ever offered. Combine simplicity, range of effects, and facility of use. Always ready; require no preliminary preparation or assistance, no skill or experience, and will remain in operation an indefinite period. They produce the *primary* and *secondary* currents—the former in unequalled force. *By a mere movement either can be obtained without changing the Electrodes.* The *Fork* is a peculiarity by which the rapidity of the shocks can be increased or diminished at pleasure—a therapeutical necessity. On examination, other important improvements will be apparent. There are four sizes of our FARADIC INSTRUMENTS: No. 1, small, for family use, \$10; No. 2, medium, for ordinary use, \$15; No. 3, large, complete, for professional purposes, \$20; No. 4, Double Cell, of great power, \$30. There are three sizes IMPROVED GALVANIC BATTERIES: Eight Cells, \$20; Sixteen Cells, \$35; Thirty-two Cells, \$60. Surgical Batteries, for *Cauterization*, of any size ordered. The *Rheodes*, or Current Guide, is an entirely new contribution to science, by which total interruption, alternate connection and interruption, or inversion of the polarity of the current, is obtained by a mere pressure of the finger. We also manufacture Carbon or Gilt Steel Point Electrodes; Eye, Ear, Phrenic Nerve Electrodes; Catheters for Urethra and Uterus; Electric Scourges; Foot Plates, Tin or Carbon; Wires, with or without Trocars, for resolution of Tumors; Tongue Plates; Rubber Tubing; Battery Fluid, &c. &c.

Please call and examine, or send for Circular to

THE GALVANO-FARADIC MANUFACTURING CO.

No. 167 East 34th Street, corner 3d Avenue, New York.

Opinion of Prof. Doremus.

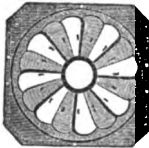
College of the City of New York, corner of Lexington Avenue and 23d Street
New York, November 7, 1870.

I have carefully examined your new Electro-Magnetic Machine, with its valuable and ingenious improvements. I consider the instrument the *most complete, the most varied in its applications, and most convenient I have ever seen.*

R. OGDEN DOREMUS.

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GARRATT'S ELECTRIC DISK.—For local rheumatism, weakness, pain or palsy. A neat self-acting *electricque*, that is powerful yet comfortable; and as it acts without shock, is perfectly safe in all cases. It is simply to be worn on the body or limb for the tonic effects of localised primary electricity. The most delicate can wear it with ease.

This highly electrical disk (of *magnesian-zinc alloy* and *silver*) gives a gentle protracted application. It is in effect very efficient. They are a most convenient *special remedy* for a lame back, shoulder, stomach or side, for a weak throat or thorax, for cold rheumatism, neuralgia, local palsy, and various nervous diseases.

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Approved by the *Gynaecological Society* of Boston (Winslow Lewis, M.D., Pres't, Horatio R. Storer, M.D., Sec'y), and recommended by them as a valuable aid in the treatment of many affections peculiar to females.

We have other and accumulating testimonials from professional men of the highest respectability, in various parts of the country.

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0.27—tl.

129 WARREN AVENUE, Sept. 16, 1869.

DR. T. W. FISHER, having retired from service at the Boston Hospital for the Insane, to enter on general practice in this city, will give attention by preference to Mental and Nervous Diseases.

He has permission to refer to the following gentlemen:

Dr. C. A. Walker,

Dr. J. E. Tyler,

Dr. D. H. Storer,

Dr. H. I. Bowditch,

Dr. O. E. Buckingham,

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Office hours, 8 to 9 and 1 to 3.

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ORIGINAL NON-HUMANIZED COWPOX AND HUMANIZED VACCINE VIRUS OF THE BEST "STOCKS."

The subscriber continues, as for the past twelve years, to devote special attention to the propagation and supply to the profession of the best possible material for vaccination.

Last spring he sent a special agent to Paris to investigate fully the whole subject of animal-vaccination as practised there, and to procure such supplies of virus, in various forms and from many different animals, as might enable him to inaugurate the method here. This agent returned two months since, and the objects sought in sending him have been fully attained. Over twenty heifers have already been successfully vaccinated, others are vaccinated every few days from the two non-humanised "stocks" mentioned below, and this "service" will be continued indefinitely if, as is not doubted, the support of the profession justifies the great and continual labor and expense.

All virus issued by me is collected by myself from vaccinations of heifers and infants, made by my own hand, and is fully warranted in every respect. In any case of failure of a first supply, a second will be sent on notification within thirty days.

TERMS.

COWPOX VIRUS, derived by transmission from heifer to heifer, from the famous case of cowpox discovered at Beaugency, in France, in 1866. **COWPOX VIRUS** from inoculation of an heifer in 1868, from an original case of horse-pox at Alfort in France, and since then from heifer to heifer. Crusts, \$5; Capillary Tubes of fluid lymph, \$3; Packages of ten ivory points, charged on both sides, \$2 each.

VACCINE VIRUS, of one perfectly healthy human remove from either of the above. **VACCINE VIRUS** from vaccination of healthy selected infants with the "stock" of the National Vaccine Institution of London, derived in long succession, for seventy years, from lymph collected by Jenner himself; the oldest and best long humanised virus in existence. Crusts, \$3; Tubes, \$2; Packages of points, \$1.50 each.

The Tubes and Points are recommended as the best forms of the cowpox; of the humanised "stock" all forms are equally reliable.

I shall be most happy to answer all inquiries touching the subject of Vaccination, and on any week day, from 8 to 4 P.M., to receive the visits of physicians, and exhibit to them heifers in different stages of the disease; but no orders for virus will be noticed without a remittance. The original cowpox lymph will not be supplied to or through agents or dealers.

Address Dr. HENRY A. MARTIN,

Dec 1, 1870.

27 Dudley Street, Boston Highlands, Mass.

LEOPOLD BABO, German Apothecary, No. 12 Boylston Street, Boston.
Dec. 22—

CODMAN & SHURTLEFF'S

APPARATUS FOR

Atomization of Liquids for Inhalation, Local Anæsthesia, &c.

By the Atomizer any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air cells, thus opening a new era in the treatment of all diseases of the Throat and Lungs.

The Complete Steam Atomizer for Inhalation, &c.

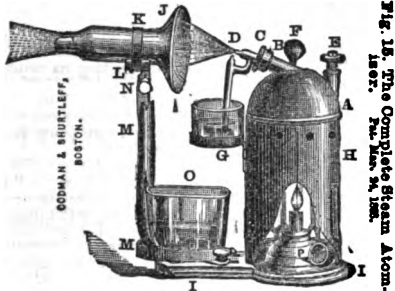


Fig. 15. The Complete Steam Atomizer. See also p. 10, 11.

The waste-cup, medicament-cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.

It cannot be injured by exhaustion of water, or any attainable pressure of steam.

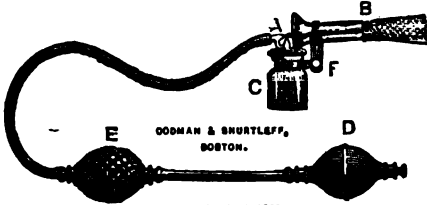
It does not throw spirits of hot water, to frighten or scald the patient.

Is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will tender the best of service for many years, and is cheap in the best sense of the word.

Price, \$8. Neatly made, strong, Black Walnut Box, with convenient handle, additional \$2.50.

Fig. 5. Shurtleff's Atomizing Apparatus.



Patented March 24, 1885.

For Inhalation, and with suitable tubes, for Local Anæsthesia, and for making direct local applications of atomized liquids for a great variety of purposes. [See our Pamphlet.]

The most desirable Hand Apparatus.

Rub or warranted of very best quality. Valves of hard rubber, every one carefully fitted to its seat, and work perfectly in all positions.

The Bells are adapted to all the Tubes made by us for Local Anæsthesia in Surgical Operations, Teeth Extraction and for Inhalation. Price, \$4.50.

Each of the above Apparatuses is supplied with two carefully made annealed glass Atomizing Tubes, and accompanied with directions for use. Every Steam Atomizer is tested with steam, at very high pressure. Each Apparatus is carefully packed for transportation, and warranted perfect. Also,

- THE BOSTON ATOMIZER, with two glass atomizing tubes, \$3.00
- THE TREMONT ATOMIZER, with two glass atomizing tubes, 2.50
- NICKEL PLATED TUBES, for Local Anæsthesia and for Inhalation, each 2.00
- RHIGOLENE, for Local Anæsthesia, best quality, packed, 1.00
- NASAL DOUCHE, for Treating Diseases of the Nasal Cavity, eight different varieties, each with two Nozzles, packed, \$1.20, 1.50, 1.75, 2.00, 2.50 and 3.50

N. B. To save collection expenses, funds should be sent with the order, either in form of draft, post-office order, or registered letter.

For complete illustrated price-list of Apparatus, Tubes, &c., see pamphlet.

Will be sent by mail (post-paid) on application,

A PAMPHLET

containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," with formulae of those successfully employed. Also an article by Dr. J. L. W. THUDICUM, M.B.C.P., on "A New Mode of treating Diseases of the Nasal Cavity," with his formulae. Also an illustrated description of the best apparatus for the above purposes, and for producing LOCAL ANÆSTHESIA by Atomization with Ether, by the method of Dr. RICHARDSON, of London; or with Rhigolene, as described by Dr. HENRY J. BLOM LOW, in the Boston Medical and Surgical Journal of April 19, 1886.

All our Atomizing Apparatus is made with the utmost care, with a view to its complete efficiency, convenience and durability, and every one is warranted. A Gold Medal has lately been awarded us by the Middlesex Mechanics' Association for Atomizing and Surgical Instruments, as will be seen from the following report, signed by a leading New-England Surgeon and Physician:

"1503. CODMAN & SHURTLEFF, Boston, Mass. One Case Surgical Instruments and Atomizers.

"The Committee have no hesitation in awarding for this superb exhibition the highest premium. The various other instruments for Inhalation of Atomized Liquids, and for Local Anæsthesia, were all apparently faultless, both in design and workmanship. The exhibitors are regarded as more especially deserving of the highest token of merit for having produced nothing except of their own manufacture. Gold Medal.

(Signed) GILMAN KIMBALL, M.D., Chairman."

Also by the Mass. Charitable Mechanics' Association—Exhibition of 1869—A SILVER MEDAL, the highest medal awarded for Surgical Instruments.

ALSO FOR SALE:

- *Cammann's Stethoscopes, Disarticulating, \$7.00
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- " Tourniquet.
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- Simple Throat Mirrors . . . 1.00
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- Large Ear Mirrors, Trötschel's . . . 4.50 to 5.00
- Hypodermic Syringes . . . 3.50 to 14.00
- *Miller's Intra-Uterine Scarificator, in case (post-paid) 7.00
- Pinkham's Improved Uterine Scarificator, in case, 8.00
- Lente's Intra-Uterine Caustic Instruments . . . 1.25 to 3.50
- Sponge Tents, plain and carbolyzed, each . . . 25
- *Dr. Cutter's Retroversion and other Pessaries . . . 3.00
- French Rubber Urinals, with valves, male, for night or day, 6.00
- " " " female, " . . . 2.50 to 4.00
- " " " female, " . . . 3.00
- Vaccine Virus, warranted, 10 quills . . . 1.50
- 1 Crust . . . 3.00
- *Vaccinators, Whittemore's Patent Automatic, for Crust or Lymph fresh from the arm—Instantaneous, certain and almost painless (post-paid) . . . 3.00
- Powder Syringes . . . 2.00
- Laryngoscopes, complete, . . . 18.00 to 28.00
- Dr. Oliver's Laryngoscopic Lantern . . . 4.00
- The same with Auto-Laryngoscopic Attachment . . . 5.00
- The same with ditto and three Laryngoscopic Mirrors in case 9.00
- Dr. H. B. Storer's Combined Speculum . . . 6.00
- Gaiffe's Electro-medical Apparatus . . . 18.00

Send for Descriptive Circular.

Apparatus for Paracentesis Thoracis, approved by Dr. Bowditch and accompanied with directions kindly furnished by him.

For Instruments made to order, Sharpened, Polished and Repaired.

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Makers and Importers of Surgical and Dental Instruments

13 & 15 TREMONT STREET, BOSTON

Jan. 21—eply.

HAZARD & CASWELL'S PURE COD-LIVER OIL.

Prepared on the Sea-Shore of Cape Cod and Cape Ann, by Mr. CASWELL, personally,
from Fresh and Selected Livers.

The universal demand for an article of Cod-Liver Oil that could be depended upon as *strictly pure and scientifically prepared*, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the *Fishing Stations*, where the fish are brought to land every few hours, and the livers consequently are in great perfection. Its manufacture is personally superintended by our Mr. Caswell, and every gallon made is closely scrutinized. This Oil is confidently recommended to the Trade and Medical Profession as the *Sweetest and Purest* in market.

It is made of fresh selected livers on the sea-coast, and can be retained by



the stomach when other kinds fail, so sweet and pure is it from the great care and skill attending its manufacture.

Prof. Parker, of New York, says. "I have tried almost every other manufacturer's oil, and give yours the decided preference."

Prof. Hayes, State Assayer of Mass., after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have carefully studied the effects of different Cod Liver Oils, have unanimously decided the *light straw-colored Cod-Liver Oil* to be far superior to any of the brown oils.

The nauseous and offensive character of the usual Cod-Liver Oil in use is extremely prejudicial—more so than none at all; so that an article fresh and pure is indispensable.

☞ Sole Manufacturers and Proprietors, CASWELL, HAZARD & CO., under Fifth Avenue Hotel, New York City

THE BEST THREE TONICS OF THE PHARMACOPŒIA.

IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & CO. also call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable

Ferro-Phosphorated Elixir of Calisaya Bark,

a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome without any injury to their active tonic principle, and blended into a **BEAUTIFUL AMBER-COLORED CORDIAL**, delicious to the taste and acceptable to the most delicate stomach.

A teaspoonful contains one grain of the Salt of Pyrophosphate of Iron, and a pint of the mixture contains the virtue of one ounce of *Royal Calisaya Bark*. The Profession are warned against many imitations of the Ferro-Phosphorated Elixir of Calisaya, made from very inferior materials.

Ferro-Phosphorated Elixir of Calisaya Bark, with Strychnia.

This preparation contains one grain of sulphate of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effects.

Ferro-Phosphorated Elixir of Calisaya, with Sub-Carbonate of Bismuth.

This combination has now become exceedingly popular with the first physicians of the country, by whom it is efficiently and successfully used in gastralgia, laborious digestion, acid eructations, nausea, debility, and nervous derangements. Each tablespoonful contains eight grains Ammonio Citrate of Bismuth, four grains Pyrophosphate of Iron and three-quarters grain Quinine in its natural state of combination.

Simple Elixir of Calisaya.

Where an efficient tonic is required, and in cases where Iron is contraindicated, our simple Elixir of Calisaya will be found of admirable service. In it the finest variety of Calisaya Bark is combined with aromatics and made into a *ruby-colored cordial*, which is very pleasant to the taste and friendly to the stomach. One pint of the Elixir contains the virtues of one ounce of the Calisaya.

IODO-FERRATED COD-LIVER OIL.

This combination holds sixteen grains *Iodide of Iron* to the ounce of our *pure Cod-Liver Oil* ["*Oleum Morrhua*"] in perfect solution, making a pleasant and beautiful, clear, light-brown combination, free from the unpleasant inkiness of the Iodide of Iron. It possesses not only the nourishing properties of the Cod-Liver Oil, but intensified by the powerful tonic and alterative effects of the Iodide of Iron, thereby assisting the assimilation of the oil by the stomach, and increasing its nutrition, making this invaluable remedy (Cod-Liver Oil) far more efficacious in scrofulous and other diseases indicating its use.

This combination is one long desired by the Profession, and one, when Iron is indicated (as in most cases), the practitioner will find invaluable. One of the advantages of the Iodo-Ferrated over all other combinations of Cod Liver Oil is, that a much less quantity is sufficient for a dose, as it contains four or five times the amount of Iodine found in the natural oil. Physicians can rely upon this preparation as containing sixteen grains of the *Iodide of Iron* in each ounce of Cod Liver Oil.

Manufactured solely by CASWELL, HAZARD & CO.

Cod-Liver Oil, with Iodine, Phosphorus and Bromine.

This preparation represents *Phosphorus, Bromine, Iodine and Cod-Liver Oil* in a state of permanent combination. Bound indissolubly with Caswell, Hazard & Co.'s pure straw-colored Cod-Liver Oil, the Phosphorus and Iodine are carried directly with the oil into the blood and there decomposed.

The following are the proportions and constituents of one pint of our Cod Liver Oil with Iodine, Phosphorus and Bromine: Iodine, 8 grains; Bromine, 1 grain; Phosphorus, 1 grain; Cod-Liver Oil, 1 pint. Manufactured by CASWELL, HAZARD & CO.

JUNIPER TAR SOAP.

This article is highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is manufactured by ourselves from the purest materials, and is extensively and successfully prescribed by the most eminent physicians of New York. Samples of our Preparations furnished free to the Profession on application.

CASWELL, HAZARD & CO.

Successors to CASWELL, MACK & CO.,

Family and Manufacturing Chemists, Newport, R. I., and cor. 24th Street and Broadway,
New York City.

Feb. 2—copy R.

Original Communications.

READY METHOD OF CRANIAL COMPARISON.

By T. W. FISHER, M.D., Boston.

THE relations existing between the brain and its bony envelope have an importance aside from the factitious value assigned to them by phrenologists. There is an adjustment of the laws of growth in each to the other, which in the progress of normal development prevents the cranium from outgrowing its contents, while leaving the brain free to expand to its proper dimensions. When such expansion has been incomplete, we may look for the cause of the arrest to one of two sources, viz., imperfect development in the brain itself, or premature ossification of the cranial sutures and cartilages. The latter has been assigned as the constant cause of a common form of cretinism, the cerebral deficiency depending entirely on too rapid ossification in the foetus or infant. (See Griesinger, p. 366.)

Insanity being largely hereditary, and occurring often in persons whose mental development has been deficient or eccentric from birth, the cranium might be expected to be frequently implicated. In addition to defects of development, there often occurs in chronic insanity, general or partial, thickening or thinning of the bones of the skull, due to nutritive changes concurrent with different phases of the cerebral disease. These facts point to the probability of important anomalies in the crania of the insane as a class, and perhaps to subordinate distinctions of interest or importance.

It occurred to the writer, not long since, to utilize the outline patterns taken by hat-makers with the *formateur*, and to obtain from them a standard of comparison for certain dimensions of the head. Having had the curiosity to make the following experiments, the results are offered, hoping they may prove suggestive. It is inconvenient to give any outlines here, although they are curious and striking, if not instructive.

VOL. VII.—No. 7

EXPERIMENT I.—One hundred miniature outlines taken by the *formateur* were obtained from Messrs. Klous & Co. These patterns give the exact shape of the human head at its greatest horizontal section, and represent one hundred male adult heads of the class of men who ordinarily have their hats made to order. The greatest longitudinal and transverse diameters were carefully drawn, and the following averages made. Diameters are given in sixteenths of inches, and areas in square quarter inches. The areas were taken by laying on crossed lines, one fourth of an inch apart, and counting the included squares. The fractions of quarters and sixteenths were carefully estimated.

MEAN DIAMETERS.			
Long Diam.	Short Diam.	Diam. of Ant. Seg.	
68-20	35-25	35-00	
Diam. of Post. Seg.	Rt. Semi-Diam.	Left Semi-Diam.	
25-20	17-35	17-80	
AREAS.			
Rt. Ant. Quar.	Rt. Post. Quar.	Left Post. Quar.	
28-85	19-85	20-50	
Left Ant. Quar.	Ant. Segment.	Post. Segment.	
29-90	57-05	40-40	
Right Half.	Left Half.	Whole.	
50-90	50-40	99-25	

The miniature patterns were used in preference to the enlarged outlines on account of the great labor required in expanding so many, by means of the *conformateur*, to the actual size of the head. The smaller size is more convenient also for purposes of comparison, and is less exposed to inaccuracies. In looking over these patterns, one is struck with certain differences of size and shape, and with a frequent want of symmetry.

The extremes of size, as indicated by area, are 155 and 63; by length, 73 and 42; by breadth, 43 and 28. About $3\frac{3}{4}$ inches must be added for the actual diameter, making the above extremes, by length, $8\frac{1}{8}$ and $6\frac{1}{8}$; by breadth, $6\frac{7}{8}$ and $5\frac{1}{8}$. The actual area of this section of an average head is 36 inches.

It will be noticed that the diameter of the anterior segment just equals the transverse diameter of the head in the table of averages, but considerable diversity exists in

[WHOLE No. 2246]

individual cases. This difference in shape gives rise to four principal forms :—the rectangular, the ellipsoidal, the round, and the ovoid. Of these, the latter is by far the more common type. The ellipsoidal is next in frequency, while the other two forms are quite exceptional. Modifications of these types give figures pear-shaped, shoe-shaped, coffin-shaped, or in their outlines remotely suggesting such terms.

The left side preponderates slightly in the averages, and the most marked cases of asymmetry are of the left side. The massing of the hair, generally on the right side, may tend to diminish the actual irregularity, but can have only slight influence, as the teeth of the *formateur* penetrate nearly to the scalp. The arbitrary character of the long diameter would be as likely to favor one side as the other.

EXPERIMENT II.—Eighty-five male adult heads were carefully measured with the *formateur*, at the Boston Hospital for the Insane, by permission of Dr. Walker. This extremely delicate instrument was kindly furnished and used by Mr. Ilsley, of the firm of Dame, Ilsley & Co., making the measurements accurate and uniform beyond a doubt. The following tables show the comparative dimensions of this section of the cranium in the sane and insane :—

DIAMETERS.	SANE.	INSANE.
Long Diameter,	58.20	55.08
Short " "	35.25	31.21
Diam. ant. segment,	35.00	33.57
" post. " "	25.20	21.79
" right half	17.35	15.83
" left " "	17.80	15.08
AREAS.	SANE.	INSANE.
Right ant. quarter,	28.85	27.18
" post. " "	19.85	17.23
Left " " "	20.50	17.32
" ant. " "	29.90	25.60
Ant. segment,	57.05	50.94
Post. segment,	40.40	33.19
Right half,	50.90	42.94
Left " "	50.40	41.29
Whole,	99.25	82.84

It is evident, from the above figures, that the average insane head is considerably smaller in all the dimensions of this section than the sane. There were, in fact, four heads among the eighty-five insane ones too narrow to be accurately measured by the *formateur*. In the first experiment, the diameter of the anterior segment was found equal to the transverse diameter of the head; in the second, the latter is the shorter, showing the average insane head to be narrower at its widest point in proportion to its other dimensions. The extremes of size are shown in the following table :—

	SANE HEADS.	INSANE HEADS.
Whole area,	155 and 63	119 and 61
Long diameter,	73 and 42	63 and 45
Short diameter,	43 and 28	39 and 24

Similar shapes to those in the first experiment are found, with, however, more irregularity of outline. This is most marked in the head of a case of mild dementia of many years' duration. The most profound quiet and self-isolation has prevailed for the past fifteen years, but the acute stage was no doubt characterized by excitement. Another head is peculiar for its width anteriorly and its narrowness in the occipital region, reversing the common order. It is also asymmetrical and very irregular in outline. While in the sane heads the ovoid form is the most frequent, in the insane ones two thirds are ellipsoidal.

The area of the left anterior quarter in the sane heads averages a trifle larger than the right, while the opposite is true of the insane ones. In many heads this difference is accompanied by a decided projection in the right frontal region. The miniature size renders these irregularities more striking, but they are correct as shown by comparison with the heads themselves. An outline from the head of a confirmed epileptic shows a projection in the right frontal region and a similar one in the left occipital region. This head is twice as long as it is broad.

The defect of the above method of measurement consists in its partial character, taking no account of the dimensions of the arch of the cranium. This defect, however, is common to both classes of heads compared, and may be expected to affect the result similarly in each class. It was hoped some subordinate distinctions in the insane crania might be made between the heads of those intellectually and those emotionally insane, for instance. Bucknill and Tuke, in their text book on Insanity (p. 411), speak of the connection noticed between high, vertical skulls, asymmetrical skulls, and melancholia. They remark that in mania the anterior region of the cranium is generally well developed, with sometimes a square outline. The attempt to draw any satisfactory conclusions respecting the shape of the head in special forms of insanity, would require a much larger number of observations than the preceding. They however confirm the statements of Bucknill and Tuke, that in the insane the cranial dimensions are smaller on the average, irregularities and asymmetry more frequent, and long and narrow heads more common than among the sane.

The theory of Virchow concerning the growth of bones, and of the skull especially (*Knochenwächsthum und Schädelformen, &c., Archiv. xii. 323*), and the confirmatory observations of Dr. Michin, of Dublin (*Quar. Jour., 1856, Nov., p. 350*), with respect to the absence of the sagittal suture in long heads (*Dolichocephalous*), are interesting in this connection. The growth of the skull, according to Virchow, depends on the persistence of the cartilages of the sutures and joints. Stenosis of a suture or joint prevents development in the direction perpendicular to it, but may be compensated wholly or in part by growth in other directions.

The *formateur* presents a pattern of the head in its most important outline, which may readily be compared with a normal standard, and may be made part of the record in every case of insanity admitted to hospital. Cases of congenital deficiency, in which the history should be wanting or withheld, might perhaps by this means be detected. It would certainly prove instructive if a sufficient number of measurements could be obtained to determine the more common kinds of deformity. To connect the various sutural stenoses with the corresponding types of cranium, might lead to a better knowledge of the cerebral anomalies dependent upon them. It certainly seems possible, by the use of the above method on a large scale, supplemented by measurements of the arch, to arrive at some useful results. Large public institutions, penal and reformatory, or large hospitals for the insane, would afford the greatest facilities and the most promising fields for such investigations.

BLEEDING IN PUERPERAL CONVULSIONS.

By GEO. CAPRON, M.D., Providence, R. I.

THERE is fashion in medicine as much as in dress, and to practise the art of medicine to-day as it was practised forty years ago, would be considered as outlandish as to wear a coat cut after the fashion of that worn by Wm. Penn, or George Washington.

The practice of bleeding, for instance, has, in this country at least, become so unfashionable, and has been so entirely discarded as a remedial agent, that a physician must feel himself securely seated in his saddle before he ventures to make a thrust with his lancet.

That bleeding was formerly often resorted to unnecessarily, and carried to an unwarrantable extent, nobody, perhaps, at this

day would attempt to controvert; but to deny that it was often, not only palliative, but curative when judiciously practised, would be as absurd as to deny that an old-fashioned coat kept the body warm.

Having for many years been engaged in a somewhat extensive obstetrical practice, I have necessarily seen a great many cases of puerperal convulsions, and have myself tried, and seen tried by others, most of the different modes of treatment, that have been recommended in modern times, and consequently have had ample opportunities to compare the results.

In the early part of my practice, I almost invariably bled promptly and efficiently, and the results were uniformly favorable.

For many years, during which I treated a considerable number of cases, I did not lose a woman.

During the last twenty or twenty-five years I have seen in my own practice, and that of others, a great number of cases, and among them a considerable number of deaths, and I am well assured that the mortality has been greater among those which were not bled, or not bled efficiently, than among those that were.

It is comparatively not a great many years, since the essential cause of puerperal convulsions has been known, and it must be admitted that the practice formerly was purely empirical, but unfortunately science has not indicated a practice that is more successful.

Science, however, does indicate a course of prophylaxis, and in those cases in which the albuminous condition of the urine and cerebral disturbance lead to the apprehension of convulsions, judicious treatment may prevent them, or very much lessen their severity.

I recall several cases in which the prophylactic treatment was highly gratifying.

It was formerly supposed that uterine irritation caused by the presence of the child, pressure of the head upon the os, obstructed circulation, &c., were some of the causes of convulsions, and hence it was thought that, except to bleed, the most essential thing to be done, was to deliver as soon as possible.

It is unnecessary to say that this was a great error, and very liable to be a fatal one. Delivery does not arrest the convulsions, and indeed it is well known that the most formidable convulsions often commence hours after delivery.

For many years I have refrained from hurrying the labor by forcible delivery, except under circumstances which would

require it independently of the convulsions, and also admit of its being done safely.

If there be no obstacle to overcome which would require the use of the forceps under other circumstances, the child will ultimately be expelled by the organic force of the uterus, however unconscious the woman may be, and the danger of serious injury to the womb or other parts be thus avoided.

It is not my intention to discuss the merits of the different modes of treatment which have been suggested, or to raise objections to chloroform, ether, opium, bromide of potassium, ergot, or any of the numerous remedies which have been essayed, all of which may be more or less useful under some circumstances; but to advocate the practice of early and copious bleeding, as the most prompt and efficient means of lessening the severity of the convulsions, and thereby diminishing the danger of serious lesions of the brain.

When the patient is in a condition to admit of the administration of medicines, a free use of the bitartrate of potassa, with or without some more active cathartic, and diuretic doses of colchicum and digitalis, are perhaps among the most valuable adjuvants to the bleeding.

When I commenced this letter it was my intention to append a brief report of a few cases that have occurred recently, in which the sangrado practice was entirely successful, but upon more mature consideration I deem it unnecessary.

CASE OF A FOREIGN BODY REMAINING FOUR YEARS IN THE LUNG.

Read before the Charlestown Society for Medical Improvement, January 10th, 1871, by
G. H. W. HERRICK, M.D.

A boy, fourteen months old, while playing with a shawl-pin two inches long with a head as large as a small pea, placed it in his mouth, from which place it soon passed to his throat, where it became fixed. A physician was called, who, upon opening the mouth, saw the pin, but before he could make any efforts to remove it, it suddenly disappeared, almost strangling the child. During the four years which followed, the child had a constant cough of a dry spasmodic character—would at times be much oppressed for breath—turn purple in the face, and almost choke while coughing. So difficult was his respiration that his mother would take him into the open air to “get his breath.” He could not at any time lie upon his back without coughing. He was

said to have had “two lung fevers and one severe attack of dysentery.” I was called on the 8th of November, 1869, and found him with slight febrile symptoms, respiration quick and difficult, percussion dull and respiratory murmur faint over right lung—could detect no subcrepitant râles. The left side was fuller than the right, the respiration was puerile, otherwise the left lung appeared to be in a normal condition. He had at the time a dry cough. I was told the story of the pin, and to it the family attributed all his past and present troubles. Until the accident he had been a healthy child, since then he had become thin and delicate. Discarding the idea of the pin being in the lung, I diagnosticated the case as pneumonia, and treated it as such. The following day (Nov. 9), he coughed up about a teaspoonful of fresh blood. No rusty sputa. Physical signs as before. While visiting my patient the next day (Nov. 10), having just examined his chest and sitting directly before him, he was seized with a severe attack of coughing and spat upon a handkerchief some small black specks, which, upon examination, felt gritty. A moment after, he had another attack, seemed about to strangle, turned purple in the face, then raised and spat out a pin answering the description of the one lost four years before.

It was very brittle, being easily broken; the head was still united to about two-thirds of the stem. Some small pieces came up with it at the same time, making up the full length of the article.

The spasmodic cough ceased immediately, the febrile symptoms disappeared, and in a few days all cough was gone. The respiratory murmur became gradually more distinct, and the dulness over the right lung disappeared. He gained in flesh and color, and in three months, to use the words of his mother, “was not the same boy.” He was given cod-liver oil and iron.

The improvement has been marked, and he continues well at the present time.

LAGER BEER.—A chemical examination of this popular drink is before us:—The sample analyzed had been kept for two and a half years in casks; the liquor had a deep brown color; its taste was pleasant, but not bitter. One litre of this beer contained—Water, 878.4 c. c.; extract, and other foreign substances, in grms., 70.5; alcohol, 48.8; carbonic acid, 2.3; sugar, 5.0; phosphoric acid, 0.58; nitrogen, 0.46; ash, 2.4.—*Med. and Surg. Reporter.*

Hospital Reports.

BOSTON CITY HOSPITAL.

Surgical Cases in the Service of D. McB. THAXTER, M.D.
Reported by Mr. C. B. BELT, House Surgeon.

CASE I.—*Lacerated Wound of Vagina; Erysipelas; Recovery; Chancroids.*—Mary C. R., æt. 27. Was kicked in the vulva by a man with a heavy boot.

On examination, the vagina was found to be filled with clotted blood; on removing the plugs and blood, a free hæmorrhage followed, from a deep cul de sac between the anterior wall of the vagina and the pubes, allowing the whole hand to enter. The meatus urinarius was included in the separation of the vagina and pubis. The wound was plugged, and a catheter introduced. The following day the edges of the wound were brought into apposition by three wire sutures, and a catheter allowed to remain in; but on the following day she got the catheter out, and as she micturated freely, it was not returned.

Erysipelas about the face one week subsequent, of considerable severity. Wound doing well.

Patient had two quite large chancroids upon the labia minora, which were freely touched with nitric acid, followed by a rapid cure.

The wound healed readily and well, followed by no difficulty in micturition. Patient was discharged, well.

CASE II.—*Gunshot Wound of Thigh; Prolonged Exhaustion; Necrosis and Improvement.*—F. O'F., æt. 11. Six weeks before entering, while playing with a pistol, it accidentally was discharged; a small-sized ball entered the inner and lower third of the left femur, going downwards and outwards, and passing entirely through the shaft of the femur obliquely. The ball was not discovered after a prolonged exploration. The condition of the patient was constantly declining, when he was advised to enter the hospital for an operation. An incision was made over the outer side of the thigh, giving exit to considerable pus, but no ball could be found. The fingers penetrated in all directions in the tracks of the abscesses. The wound went on suppurating, and the patient slowly improved. The probe went entirely through the shaft of the femur, the suppuration continued, and, at the end of four months, the patient had almost entirely regained his health.

A probe still passed through the femur, but suppuration had almost ceased. Some mobility to knee remained. Discharged, much improved.

CASE III.—*Epithelioma of Ear; Amputation; Recovery.*—April 21. John M., æt. 60, laborer, had purulent otorrhœa three years ago, and difficulty in hearing since. Six or seven months since he began to have swelling, pain and tenderness in the lobe of the right ear, going on to ulceration. This progressed with rapidity during the last two months. On entrance, he presented an epithelial growth of whole lobe, and extending toward the mastoid process. The membrana tympani was thought to be intact. Under ether, the disease was found to have invaded so much of the ear that it was thought to be necessary to remove it, as well as a small portion of the integument about the mastoid process. Three ligatures were required, and the wound resulting was brought together by two silk sutures. Cold-water dressing. The patient had no hæmorrhage subsequently, and the healing process went on well. Laudable suppuration and healthy granulations. In a week the ligatures and sutures came away. No indications of a return of the disease were seen. The patient could hear quite well if the speaker stood in front of or behind him, or at his side, even by closing his left ear; not much difference was detected by placing the hand, curved or partially closed, behind his ear. He had no pain or tenderness following the operation. The meatus was plugged with a pledget of charpie, and daily syringed. There was a constant tendency to the closure of the meatus. The wound had healed at the end of one month, and, after advice to wear an ear-tube, he was discharged, well.

CASE IV.—*Incised Wound of the Face and Neck; severe Hæmorrhage; Recovery.*—Louis B., æt. 35, overseer. Was stabbed by a prisoner with a shoe-knife seven inches long, with a blade two inches wide, and having a sharp point. The point entered behind the left mastoid process, cutting deeply and severing the post-auricular vessels. The incision extended about two inches down the neck. The knife was again entered, and the patient, by suddenly turning his head, caused the knife to traverse from the centre of the first wound across the parotid gland, cutting quite deeply into it, severing the temporal or the external jugular veins; apparently the temporal artery escaped. The facial nerve must have been divided. The venous hæmorrhage was so severe that it was thought that the

internal jugular vein must have been divided. The knife, after cutting into the parotid, continued on across the angle of the lower jaw through the masseter and buccinator muscles down to the mucous membrane at the angle of the mouth. The hæmorrhage required the constant attention of Drs. Thaxter, and Rowe (of the Insane Asylum, Boston), for two hours before it was arrested, during which time ten ligatures were required, ice, perchloride of iron, &c. The edges of the wound were brought together by fourteen sutures. Beef juice and sherry wine were given ad libitum. The patient was brought to the hospital the next day, in a very fair condition; the pulse was 92. There was a loss of sensation in the lobe of the left ear, and about the wound; but before the patient was discharged, it had disappeared.

The wound progressed finely. The ligatures came away gradually. No secondary hæmorrhage, and at the end of three and a half weeks the wound had all healed, with the exception of a small granulating surface over the mastoid process. Good movements of face; no paralysis. Discharged, relieved.

CASE V.—*Hydrocephalus*.—July 1, 1870. Daniel McL., æt. 5. Father dead, mother living, no brothers and sisters. No known tendency to disease. No hydrocephalic heads in the family. Bright, well and pretty boy till 7 weeks of age, when, from no known cause, the head began to enlarge; the mind became less active. The mother thinks that the eyesight had been good until last summer, when the child fell from a table, striking upon his head, followed by no illness, but she perceived that the child did not notice the surrounding objects. He has incontinence of urine.

The head has gradually increased in size, till it now presents the following dimensions: occipito-mental circumference, $38\frac{1}{2}$ inches; occipito-frontal circumference, $27\frac{1}{2}$ inches; from the occipital protuberance to the nasal bones, $19\frac{1}{2}$ inches; from the mastoid process to its fellow (over the largest portion of the vertex), $20\frac{1}{2}$ inches. Sutures united. The anterior fontanelle remains patent; it is situated about one inch to the right of the median line, presenting a small, pulsating space as large as a five-cent nickel piece. A similar opening in the skull, to the left of the median line, at about the junction of the sphenoid with the frontal bones.

The pupils were dilated equally, and did not react.

CASE VI.—*Lupus Eredens; Treatment by Liq. Hydrargyri Nitrat.; Recovery.*—

Rebecca McC., æt. 64. Seven years before entrance, the disease commenced as a pimple over the right ala nasi, rapidly enlarged and ulcerated; in four months, it was the size of a silver three-cent piece. She had medical treatment. No cancer in the family. The ulcer has remained open since the onset, but at one time (one year ago), after being treated with caustics, it was much smaller. She presented, on entrance, an indolent, deep, and inverted irregular-edged ulcer, one inch by one half inch, filled with a dirty, crustaceous material. The location of the disease was over the bridge of the nose. The surrounding tissue was indurated and painful. No connection existed with the meatus.

The liquor hydrargyri nitrat. was freely applied, followed by an inconsiderable amount of pain.

The disease apparently extended awhile, but by continuing the treatment as often as every third day, it at last began to improve, and at the end of seven weeks the ulcer had closed, with the exception of a small central granulating surface, and, by touching it three times after she left the hospital, it got entirely well.

CASE VII.—*Compound Fracture of Skull; Compression; Death.*—An unknown man, about 38 years old, was picked up from the side of a railroad track, having evidently been struck by some pointed article. The patient was in a comatose condition, with stertorous breathing; pulse 100, full; respiration 24. The left pupil was firmly contracted; the right unequally dilated; no reaction. Two scalp wounds, the first situated just inside of the superior anterior angle of the right parietal bone, triangular in shape, and producing an indentation of the skull one eighth of an inch, and of the shape of the wound, movable, and readily depressed. The second wound, of a similar shape, somewhat smaller, was situated over the junction of the sagittal with the lambdoidal sutures, and produced a similar indentation, but the fragment was not movable. The anterior fragment was trephined by Dr. Thaxter. The inner table was found to be splintered into several pieces, and a spicula had penetrated the dura mater. The dura mater was left uncovered over a diameter of one and a half inch. It was not thought safe to trephine posterior fracture. After the operation there was no change in the condition of the patient, and on the forty-third hour after the accident, and twentieth after the operation, the patient died. No autopsy.

CASE VIII.—*Compound and Comminuted*

Fracture of the Leg ; Amputation ; Death.—Alfred L., æt. 25, car-driver, was run over by a horse-car, while in an intoxicated condition. The wheels passed over the left leg, just below its middle, causing a severe compound, comminuted fracture. The upper fragment of the tibia protruded, the muscles were seriously crushed, and the fibula comminuted. On the arrival of Dr. Thaxter, the limb was amputated five inches below the knee, by the flap method. Inconsiderable hæmorrhage occurred, and three ligatures only were required. The pulse became quite feeble during the operation, but responded well to stimulants by the rectum. Beef-juice and carbonate of ammonia were given *pro re nata*. An hour and a half after the operation there was no hæmorrhage, pulse 120, and the patient was partially under the influence of ether. In three hours he began to fail rapidly, and notwithstanding stimulants, &c., he died, five hours after the operation. No autopsy. The limb, upon dissecting it, showed a severe comminution of the tibia and a mangled condition of the muscles.

CASE IX.—*Dislocation of the Hip.*—Mary A. R., æt. 7. Five weeks before entering (June 27), slipped from the curb-stone, and, falling, struck upon her right side, causing severe pain and inability to walk. She had been confined to bed, and the case was treated as hip disease, rheumatism, &c. She had been unable to bring the limb down straight since the accident, but had held it as it was on entrance; she could not extend the limb or make the attempt without severe pain in the groin. The limb was flexed, and the knee nearly touched the abdomen and the head of the bone was in the thyroid foramen, but as the parts were quite sensitive, she would not allow much manipulation.

Under ether, the limb became partially relaxed, and in so becoming the dislocation was somewhat reduced, so that the limb could be brought to the side of its fellow, but one half inch shortening remained. By manipulations, the limb was brought down to an equal length with its fellow. No grating or any symptoms of morbus coxarius. Long outside splint.

28th.—Limb remains the same.

29th.—Motion of joint good. An indistinct grating thought to be present by Drs. Homans and Thaxter. Evening.—The patient had drawn the limb up to its old position, so that it could not be moved without great apparent pain.

30th.—Remained the same. Under ether, the limb was again drawn down by the

same manipulations, and became of the same length. Limb could not be placed across its fellow when flexed. No grating in the joint was discovered. Splint again applied.

July 4th.—Limb in splint and in good position. The pelvis moves with the limb when it is raised.

16th.—Still has pain on movement of limb.

29th.—Diminished pain on movement.

Aug. 3d.—Can move limb herself, without moving the pelvis and without pain.

7th.—Splints removed, and an apparent shortening.

10th.—By aid, walked half way across the ward.

14th.—Walks daily; timidity the only preventive against her walking.

24th.—Walks and runs about the ward, with good free motion at joint. Discharged, "nearly well."

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

CHARLES D. HOMANS, M.D., SECRETARY.

JAN. 9th, 1871.—*Cirrhosis of the Liver ; Death from Hæmatemesis.*—Dr. MINOT reported the case.

The patient was a married man, 58 years old, who had followed the sea for many years, and had been accustomed to drink spirit freely. He had occasional "bilious" attacks, characterized by vomiting and by jaundice, and sometimes diarrhœa; but his general health was good. Dec. 23d, 1870, at 6 o'clock, A.M., he suddenly vomited a large quantity of blood, and at 8½ he brought up about a pint more. For some days after this, the stools contained blood; but there was no further vomiting till Jan. 7th, when he threw up nearly two quarts of blood, and on the next day, at noon, about a pint more. He became excessively prostrated, and died at 4 o'clock, P.M. (Jan. 8th).

The only complaint he made for some months before his death was of loss of strength.

On dissection, the liver was found to be granulated throughout; heavy and dense, but not much if at all below the average size. The amount of fibrous tissue was, in some parts, unusually large, so that the granules there appeared quite scattered. These last were of a reddish-yellow color, smaller than usual, and were subsequently

found to contain only a minute quantity of fat. There was no ascites or cedema; and the size of the spleen was not remarkable.

The stomach was pale throughout, and showed but one ecchymosed spot; this being not much more than a line in diameter, situated near the cardiac orifice, apparently in the mucous membrane, and without any other lesion.

Dr. FIFIELD said hæmorrhage from the stomach and bowels is a regular accompaniment of cirrhosis. Murchison relates cases in which it occurred, and Dr. F. had, during the last month, attended a patient with this affection, who vomited and purged blood, though he did not die of the hæmorrhage. Dr. F. asked for some explanation of this tendency to loss of blood in connection with this affection of the liver.

Dr. ELLIS said loss of blood is not an uncommon occurrence in connection with this affection of the liver, but he had never seen a case fatal from this cause, though once the bleeding was so excessive as to alarm the patient's friends.

Dr. JACKSON said that he did not remember to have seen hæmorrhage from the stomach in this disease, and had certainly never examined but one case after death. This was a very remarkable one, and deserves to be especially mentioned. The patient, who had been a very intemperate man, had the disease in the liver strongly marked, and died after hæmatemesis of a week's duration. Upon the inner surface of the stomach, which contained some blood, was a small opening, and, within this, the open orifice of a vessel was distinctly seen. The organ otherwise was sufficiently well, and immediately about the opening there was no disease whatever. The vessel referred to, and which seemed to have spontaneously ruptured, was thought to be a branch of the vena portæ. Dr. J. has never seen any report of a similar case, but, by one of those singular coincidences that, he said, are so often observed, a second case occurred here within the same year, and he remembered to have seen the specimen. His cousin, the late Dr. James Jackson, Jr., examined, during the last year of his life, a fatal case of hæmatemesis, and, Dr. J. thinks, there was cirrhosis; the open orifice of the vessel, however, and the healthy condition of the organ about it, he very well remembers.

Dr. ELLIS said hæmorrhage did not occur in many cases where the contraction was very great; when jaundice exists, there is sometimes bleeding and sometimes not.

Dr. JACKSON remarked, on the effect of

contraction, that in this case, as in many others, like causes do not always produce like effects. The most marked cirrhosis may exist, as in Dr. Minot's case, without enlargement of the spleen or even ascites. The strong tendency to hæmorrhage he also remarked upon in cases of jaundice, even though no disease of the liver should exist. As to the term cirrhosis, Dr. J. said that he considered it objectionable, as it refers to the more or less yellow color that is so generally observed when the liver is affected with this disease. He had often found it red, and twice or more of a deep green color. The term drunkard's liver he considered a scandalous misnomer, as the disease may occur in the most temperate subjects. When the disease exists in an established form, and as we generally see it, the organ is always "granulated," and that is the term that, of all others, he prefers.

Dr. ELLIS thought that the word was still more misapplied in connection with other organs, such as the kidneys, lungs, &c., when they were rendered more dense by disease, particularly by a new formation of connective tissue.

In regard to the explanation of the hæmorrhage in Dr. Minot's case, Dr. JACKSON said that formerly it would have been regarded as an exudation from the mucous surface, and he recalled a case that he saw at Guy's Hospital, where the stomach was full of blood; Dr. Addison was quite sure that it was an exudation, though, unfortunately for his theory, there was afterwards found an aneurism that opened into the œsophagus. When, in modern times, it was found that the capillaries had no open orifices, and the blood globules were too large to go through the parietes, another theory was sought for. There was no escape for the blood globules but by the rupture of the vessels; and, as they ought to rupture, it was asserted that they *did* rupture. Dr. J. did not believe that this theory was founded upon observation, but regarded it as a fair specimen of the bold and unwarrantable assertions that are often made by modern pathologists. He had never believed in the theory of rupture, in these cases, as he had seen little or nothing to favor it anatomically, and from what we observe in epistaxis; in this case the attack often comes on suddenly, without any conceivable cause for rupture, and it is not followed by the sense of soreness or other discomfort that might very well be expected if rupture did occur. How the parietes of the vessels can yield so as to allow the blood globules to go through, Dr. J. said

that he could not imagine, and yet such is now the modern theory.

Bibliographical Notices.

American Journal of Obstetrics and Diseases of Women and Children. Edited by Drs. NOEGGERATH, DAWSON and JACOBI. New York. 1869 and 1870. Two vols. (bound).

THE kindness of the Editors has placed on our Editorial table the bound volumes of the *Journal of Obstetrics* from its commencement. We consider it one of our most valuable exchanges, including, as it does, articles bearing the names of Eliot, Emmet, Barker, Hammond, Greene, Thomas, Smith, the Editors themselves, and other distinguished writers on the diseases of women and children. Each quarterly number of the *Journal* contains original communications, a review of literature pertaining to diseases of women, of pregnancy, labor and the puerperal state and the diseases of children, transactions of obstetrical societies, and general abstracts relating to these and allied subjects. We commend this *Journal* most heartily to those of our patrons who need sound advice on the special subjects to which it is devoted—and who does not?

We have fortunately been able to make arrangements with the publishers of the *American Journal of Obstetrics* by which we are enabled to furnish their *Journal*, together with our own, for an annual subscription of seven dollars. We are also able to furnish some of the other standard medical journals of the country at reduced rates.

Circular No. 3. War Department. Surgeon-General's Office. Approved Plans and Specifications for Post Hospitals. Washington. 1870. 4to. Four pages and five plates.

Circular No. 4. War Department. Surgeon-General's Office. A Report on Barracks and Hospitals, with Descriptions of Military Posts. Washington. 1870. 4to. Pp. 494.

THE first of these official documents is published for the purpose of regulating the erection of post hospitals; certain established forms are given, which embrace the results of the most recent investigations in sanitary science, and give ample attention

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to ventilation, means of heating, the use of earth closets, &c. A series of carefully drawn plans serves to illustrate the work.

The second volume is of more imposing dimensions. It contains much information of value to officers and others relative to the condition of the various military posts of the U. S. Government, including, 1st, the preservation of interesting historical memoranda; 2d, the presentation of all facts bearing upon the hygiene of the post and the sanitary condition of the troops; 3d, the furnishing such information as would be of interest to officers ordered to a post new to them. In addition, an idea is given of the general character of the barrack and hospital accommodation of the Army. The merits of locality, exposure, plan, construction, and mode of heating and ventilation are considered, mainly with reference to the manner in which the well-being of the soldier is concerned.

Much of the value to civilians of this voluminous report consists in the preliminary essay on the ventilation and warming of barracks and hospitals. We rejoice that a department of the General Government, with its ample means for the trial and observation of this important question, has taken it up in earnest. Whenever the Army authorities can provide ventilation for the men whose health is placed in their charge by some system based on scientific truth, they may be assured that they will have done a work whose good effect will be seen throughout the country. Civil hospitals, factories, schools, and all sorts of establishments requiring large numbers of persons to remain in enclosed places, will eagerly follow any example whose efficacy the Government may demonstrate.

The author of this report, Assistant Surgeon J. S. Billings, U.S.A., has evidently given the subject much study and thought. His exposition of the principles involved is broad and clear. We have rarely met with so much good advice in so few words. The special mode of warming barracks and small hospitals recommended by Dr. Billings is by a double open fire-place, enclosing an air-space which communicates both with the outer air and with the room. It is very similar to Dr. Franklin's "Pennsylvania fire-place," as originally designed, except that two fire-places are put back to back.

This arrangement provides abundantly for the direct radiation of heat, with all the cheerful influence of an open fire, and also gives opportunity for the admission of a certain amount of fresh air, moderately

warmed, between the backs of the fire-place. The other means of extracting air are dependent on the heat of the smoke-flue in winter, and on ridge ventilation in summer. The proof of the successful working of the fire-places is now required, and this is not yet furnished. The unsatisfactory feature of this plan for ventilation in cold weather seems to us to be the probably inadequate supply of fresh air introduced by the air-chamber. We fear it would mainly come, as in all past time, through the "accidental ventilation" of windows and doors, made unpleasantly active by the suction of the fires. This, however, is a question which may be settled at once by the use of the air-metre.

But whether this plan resolves the problem, in so far as a one-storied building is concerned, or not, the important fact remains that the Medical Department of the Army is fully aware of the importance of the question. The spirit evinced in this Report will lead to final success.

As in all recent investigations made at the Surgeon-General's Office, the work has been carefully and thoroughly done, and the volume adds a valuable contribution to the literature of military medical science.

"It has been said that we have the best-fed and the worst-housed army in the world, and the statement seems more nearly correct than such generalizations usually are. The ultimate cause of the defect is, of course, ignorance, the immediate cause being a desire for economy, praiseworthy in itself, but producing results which are the reverse of its object; for a saving in boards and bricks at the expense of the health and life of the soldier, cannot be considered a commendable thrift. * * * It is clearly both the duty and the interest of the Government to reduce, as much as possible, the annual loss to the army from sickness, invaliding, desertion and death; and this can only be effected by a judicious application of the laws of sanitary science."

Counsel to a Mother: being a Continuation and Completion of "Advice to a Mother."

By PYE HENRY CHAVASSE, F.R.C.S., Fellow of the Obstetrical Society of London, &c. Philadelphia: J. B. Lippincott & Co. 1871. Pp. 169.

THE little book before us discusses, in brief and familiar language, various subjects which it is advisable for every mother to know, such as may be included under the general care of the child in infancy, childhood and youth; the physical, moral and

mental training of the child, in order to make him a strong and worthy man. The greater number of books on this subject are filled with erroneous ideas, false reasoning and unsafe advice, or the counsel given the mother is put in such questionable language that the physician feels reluctant to place the book in the hands of mothers as a reliable guide. Recently, however, we have had a few works—among which we mention with pleasure those of Mrs. Hopkinson and Dr. Parker—which are not only safe as handbooks for the mother, but are indeed aids to the family physician, inasmuch as they answer many questions which are constantly asked by every conscientious mother. We have looked over the work of Dr. Chavasse with considerable care. We find the advice which he gives not only wise, but in no way objectionable, and we should not hesitate to recommend it in any of our families. We do not feel it advisable to multiply such books too much; but the Council to Mothers has served a good purpose in England, and we are sure will do the same with us.

The Gynæcological Record. A Book of Blank Forms, intended as an Aid to the Busy Practitioner in recording Gynæcological Cases; with an Appendix of Blank Leaves, and Tables for the ready Analysis of the Contents of the Book. Prepared by JOSEPH G. PINKHAM, A.M., M.D., &c. Boston: James Campbell, 1870.

THE title of this book so well describes its character that Editorial notice seems hardly demanded. Its various blanks are well arranged for noting carefully the history of the patient and all the principal symptoms usually occurring in diseases of women, and abundant room is allowed for the full details of interesting cases. We note, with pleasure, the use of diagrams with each blank, representing in outline the anterior aspect of the abdomen, and a section of the pelvis on which any condition of disease, as a tumor, malposition of organs, &c., may be readily indicated by the pen. The book will be a valuable one, especially to those making the disease of women a subject of special study. x.

Pocket Prescription Record.

MESSRS. A. D. SHEPPARD & Co., Pharmacists, have arranged a Pocket Prescription Record, somewhat after the style of those noticed in the JOURNAL of Dec. 1st, 1870, but in a much neater and more compact

form. In this book the physician is provided with ample prescription paper, and a *stub* on which he can retain a copy of the recipe given, with any notes he may think desirable to preserve for future reference. It is the most convenient and handy register we have seen, and meets a want experienced by the physician in city and country practice.

Medical and Surgical Journal.

BOSTON: THURSDAY, FEBRUARY 16, 1871.

BLOODLETTING AS A THERAPEUTIC RESOURCE IN OBSTETRIC MEDICINE.

THE article in our present issue, by Dr. Capron, of Providence, reminds us to place before our readers, as concurrent testimony, extracts from a paper read by Dr. Fordyce Barker before the New York County Medical Society. With different views entertained from year to year in reference to the details of medical science and its application to practice, it is not strange that we return, by a natural sequence, to some of the customs of former days. Like the younger Rip Van Winkle, our older brethren may find their lancets rusty, and our younger men may fail, as did Barker, in purchasing the instrument in the modern shops; but we hail the evidence offered by our correspondent, by Dr. Barker, and by Dr. Elliot, of New York, in a posthumous article on the same subject, in favor of a practice which—under appropriate circumstances, of course—should be a part of rational medicine. Dr. Barker says:—

“In all the consultations in obstetric practice, with members of the profession during the last fifteen years, I cannot recollect a single instance where bloodletting had been resorted to, or even alluded to as a therapeutic measure to be discussed, except in a few cases of puerperal convulsions. Thirty years ago, the standard authors who guided the practice of obstetrics, both in Great Britain and in America, were Denman, Clark, Burns, Hamilton, Gooch, Collins, Ryan, Conquest, Lee, Ramsbotham, Rigby, Gordon, Hay, Armstrong, Dewees, Velpeau (translated by Meigs), Francis, and Meigs. I find, from a careful examina-

tion of all these authors, that bloodletting is recommended as a therapeutic measure by one or all of them, for the following conditions, which occur during gestation, parturition, and the puerperal state. During gestation, this measure was advised by many of the above authors, and was not objected to by any, for the following symptoms, namely: uterine irritation and uterine plethora, erratic pains, cramps and numbness of the inferior extremities, spasmodic cough, palpitation, pruritus, varices, inquietude, loss of sleep, solicitude and anxiety, headache, drowsiness, vertiginous complaints, hemiplegia, anasarcaous swellings of the inferior extremities, to prevent abortion, and also to promote expulsion where abortion is inevitable. * * *

“If my recollection be not at fault, the general sentiment of the profession brought about a reaction from what had become almost a routine practice, long before the change was apparent in the doctrines taught by the standard obstetric authors.

“It is an important question, however, to decide whether the reaction in this point of practice did not go too far. Were our predecessors all wrong, and has the recent practice been all right? For my own part, within a few years past, I find that, as my clinical experience becomes more enlarged, I am gradually getting to bleed more frequently; and this change of practice has not arisen from any belief on my part in a change of what has been termed ‘the constitutional type’ of the diseases incidental to child-bearing. My convictions, that this resource in practice had been too much neglected by myself and others, had been progressively growing for some years, when they received a new impetus from reading a paper by one of the most original investigators and philosophical observers now living, in England. I refer to the Introductory Address before the Medical Society of London,* by the President, Dr. Benjamin W. Richardson, ‘On Bloodletting as a Point of Scientific Practice.’ This paper is so full of thoughtful and practical suggestion, that I have been surprised that it has not been generally copied by the medical journals in this country. Whether the views of the author be accepted in full or not, no man in active practice can read this paper who will not find himself interested and instructed by its perusal.”

Dr. Barker then proceeds to study bloodletting as a remedy in obstetric practice,

* The Practitioner, edited by Francis R. Anstie, M.D., F.R.C.P. November, 1868. Macmillan & Co., London,

taking up in succession the diseases of pregnancy, parturition and the puerperal state; and, while he would use a wise discretion in the employment of the lancet, he strives to call the attention of the profession to its now too constant disuse. In congestive diseases of the uterus, for instance, he believes bloodletting to the extent of a few ounces to be most useful, also in many cases of renal congestion in pregnant women.

"Bloodletting is now rarely used as a means of removing the various causes which retard delivery. In the warm douche, belladonna and chloroform, we have more efficient means of overcoming rigidity of soft tissues than can be secured by venesection. It is chiefly in cases of threatened or developed convulsions during labor that it becomes a remedy of the greatest importance. It is probable that formerly, when the pathology of this fearful complication of labor was imperfectly understood, this agent was used too indiscriminately, and sometimes pushed too far. In these cases, the result to be secured should be clearly defined. The object of bloodletting is to cure the spinal disturbance, and to prevent the cerebral disease which terminates in apoplexy. It is a means of the greatest value.

"1. Where there is great fulness of the vascular system, as it then becomes a powerful sedative of spinal action. As I remarked in another paper, where convulsions are threatened, or result from stimulation of the spinal system by excess of blood or mechanical pressure of blood on portions of the brain, or from counter-pressure of the distended brain upon the medulla oblongata, bloodletting alone is often sufficient to subdue the disease, while it is equally important in preserving the brain from injury due to the convulsion.

"2. It is of cardinal importance, where convulsions are threatened or result from uræmia. I fully concur with Dr. Richardson's views, that in cases of uræmic poisoning, when the coma is fully developed, the patient unconscious, the skin hot, the convulsions strong, and the suppression of urine nearly perfect, there is no remedy so swift, so sure, so useful, as the lancet. To blister, to purge in such cases, is trifling with death. To bleed is to remove tension from the brain, to relieve congestion of lung and set the breathing free, to remove pressure from the laboring heart, and to ease the congested kidney from the load that embarrasses it. These are great points

gained, but there is another greater; when we take away blood charged with the active narcotic poison, urea, we for the moment actually supplement the kidney, and do its office. * * *

"As regards the *post-partum* inflammations, I would remark that the whole doctrine of inflammation is now in a transition state of doubt. Many points in regard to the real nature of inflammation are still unsettled. The therapeutic indications are to prevent, or to arrest the progress, or to remove the results, of the inflammatory process. That bloodletting, in certain conditions of the system, may be of service in fulfilling one or all of these indications, is, I presume, even now generally believed by the profession. But its exact value in the treatment of inflammation is by no means determined. We have learned that we have other expedients more safe and quite as efficient. I have not for many years resorted to venesection in the treatment of any of the *post-partum* inflammations, although I have sometimes doubted whether I have not been wrong in neglecting it. * * *

"I have often asked myself whether, from our fear of *post-partum* hæmorrhage, we may not have sometimes carried too far our precautionary measures to secure the immediate and permanent contractions of the uterus. I remember, some years ago, that I was forcibly impressed by an incidental remark on this point by my friend, Dr. Peaslee. In reporting and commenting on a case of 'Amputation at Shoulder-Joint,' he observes that, 'in a perfectly healthy and vigorous patient as much blood should be lost at least as is constantly circulating in the limb before its removal; otherwise the patient is left in a state of actual plethora, to some extent, in consequence of the operation—a state not to be desired, certainly, where still other causes predisposing to inflammation exist.' After giving his reasons for this opinion, he adds: 'Nor is this principle less important in obstetrics than in surgery. The perfectly healthy (and generally (?) somewhat plethoric) parturient female should lose from one to two pounds of blood, at least, in parturition, in order to be in the best possible condition for convalescence without accidents.'* Although I cannot approve of the above proposition as a general truth applicable to parturient women, I should accept it as true of an exceptional number. As regards bloodletting in puerperal fever, I have formally expressed my views on another oc-

* Peaslee on Amputation at the Shoulder-Joint. The New York Journal of Medicine, May, 1853, p. 304.

casion,* and the additional experience of thirteen years in Bellevue Hospital and in private practice has not materially modified my sentiments on this point.

"In certain very rare forms of puerperal mania, bloodletting may be of the greatest service. * * * * *

"It has seemed to me timely that the attention of the profession should be recalled to the effects of a remedy which has fallen greatly into disuse, but which, to quote again from Dr. Richardson, is one of the most scientific we have at our command, and one which produces effects as patent to the eye, and convincing to the reason, as any known remedial measure."

THE USE AND THE ABUSE OF HYDRATE OF CHLORAL.—We are glad to present the following letter of Dr. Clarke, in answer to a note from ourselves, on the subject of the Hydrate of Chloral. Like the other powerful drugs of the Pharmacopœia, the remedy in question is an edged tool which belongs only in the hands of a skilled workman: properly used it is productive of great good; but, in the hands of those unaccustomed to watch the action of medicines, it may do much harm. The position of Dr. Clarke as the Professor of Materia Medica in Harvard University, and the esteem in which he is held in our midst, will give his letter weight with the community; and we trust our secular cotemporaries will give it a place in their columns.

Messrs. Editors:—The attention of the public has been called lately by some of our most respectable Journals, newspapers I mean, to the "free use of the new narcotic, or anæsthetic, Chloral." In them, the community is warned against the use of the article on account of its fascinating and dangerous properties.

The warning is by no means untimely, for I have reason to believe that a great many persons have been and are using it on their own responsibility, without competent medical advice, as if it were a harmless luxury. Indeed, the American people are strangely fond of dosing, and seem willing to experiment upon themselves by taking drugs whose names they cannot write or pronounce correctly, whose properties they are ignorant of, and in quantities that no

intelligent physician would dare to prescribe.

The Hydrate of Chloral, commonly but incorrectly called Chloral, is an excellent illustration of this American recklessness. It is scarcely more than eighteen months since attention was called to it by Liebreich, of Berlin. Physiologists and physicians have not yet completely solved the problem of its action and value. But notwithstanding its novelty, our people, unwilling to wait for the verdict of physicians with regard to it, and ignorant of the precautions necessary in the use of unknown drugs, have been drinking it, in some instances like a beverage. The result is what might have been anticipated from such careless experimentation. Some have been benefited, some frightened and some injured by it. A little wholesome alarm with regard to it would do the public good, or at least save the public from a certain amount of harm.

On the other hand it is desirable that no prejudice should be excited against it. The Hydrate of Chloral is one of the most valuable additions that has been recently made to the materia medica. The good which it is capable of doing may be measured by the harm which it can also do. A drug that can do no harm can do no good; and the reverse is also true. As a general rule, a drug which is capable of inflicting an injury—perhaps a fatal one—on the human economy, may be given by skilful hands so as to yield a large benefit, perhaps so as to save life. Most poisons are sanative agents.

In proper doses and in appropriate cases, the Hydrate of Chloral is the best hypnotic known. There is no danger attending its proper use. But no unskilled person should meddle with it. It is capable of devitalizing the blood and of producing convulsions and death. Opium, Alcohol and Chloroform, Belladonna, Bromide of Potash and Aconite can do as much. Yet these agents are constantly used, and by them suffering is alleviated and life prolonged. When the Hydrate of Chloral is properly administered it produces no injury. I know of no drug with whose effects I have been more pleased. Wisely administered it will do great good and no harm; unwisely administered it will do great harm and no good.

EDW. H. CLARKE.

18 Arlington Street,
Feb. 13, 1871.

PRESCRIPTION CHANGES. *Messrs. Editors:*—
In connection with the subject of writing

* Discussion on Puerperal Fever, before the New York Academy of Medicine.

prescriptions in English instead of Latin, which has of late been under discussion in your columns, I desire to say a word about the signs commonly employed to designate drachms and ounces.

It seems to me that a change in them is imperatively demanded. Their similarity to each other is a double source of error—one in the writing of prescriptions by physicians, and another in the reading of them by the apothecary.

It is easy to see how a physician, if in a great hurry, or if his pen happened to be unusually frisky, should give an extra flourish to his drachm sign and convert it into an ounce. I saw a prescription recently, written by one of our most careful physicians, for Bismuth. Subcarb. $\mathfrak{z}\text{ij}$., to be divided into xviii . powders. He evidently intended to write $\mathfrak{z}\text{ij}$., making a ten grain dose, instead of one of eighty grains.

Again a careless druggist clerk might in his haste mistake a genuine drachm sign for an ounce sign; or the sign itself might be so ambiguously written as to make it impossible for him to tell whether two crooks or three were intended. In the latter case he would either have to consult the Doctor, at the risk, perhaps, of offending his professional dignity, or make the patient's welfare depend on his ability to guess at the quantity.

What is the remedy? It has been strongly advised to write out the words drachm and ounce at length. This method would be a safe one, but it will never be generally followed, for the reason that it would require too much effort. I think the matter could be easily settled by abolishing the two signs spoken of entirely, and for them substituting oz. for ounces, and some arbitrary mark, like a simple X, for drachms. dr. would be objectionable, inasmuch as by a very natural slip of the pen a *d* may be made instead of a *g*, or *vice versa*, thus leading to a confusion between grains and drachms, a condition of things nearly if not quite as bad as that which now exists. But by making use of the X for drachms, it seems to me that we should avoid all possible errors, whether of the pen or of interpretation. We should then have the signs as in the following table:

Grains	gr. or grs.
Scruples	℥
Drachms	X
Ounces	oz.

We cannot dispense with scientific Latin. To do so would be to substitute chaos for kosmos. But we can and should, in some way, eliminate from our modes of writing

prescriptions the facilities for making mistakes to which I have called attention.

Very truly yours, J. G. PINKHAM.
Lynn, Feb. 6, 1871.

PHYSIOLOGICAL RESEARCHES ON THE EXCRETION OF UREA BY THE KIDNEYS. By M. GREHANT. Translated by A. SAGER.—The following *résumé* comprises the results of an extended series of experiments on the formation and excretion of urea, by an able experimenter of the French school:

En Résumé: 1st. The quantitative determination of the urea by Millon's process is rendered more complete and more exact by using the mercurial pump, which allows of the collection of the equal volumes of nitrogen and carbonic acids, which results from the decomposition of the urea by nitric acid.

2d. A cubic centimetre of nitrogen and carbonic acid at zero, and under a pressure of 760 millimetres, exactly represents 2,683 milligrammes of pure urea.

3d. To determine the quantity of urea in the blood, an alcoholic extract of that liquid must be made, and the dried product must be re-dissolved in water.

4th. Twenty-five grammes of blood is sufficient for the determination, and—

5th. Immediately after nephrotomy, in a dog fasting, urea begins to accumulate in the blood, and becomes quite manifest in three hours after the operation.

6th. The increase in the blood and lymph twenty-four hours after the operation is equal to the amount excreted by a healthy animal fasting during the same period.

7th. The augmentation of urea in the blood after ablation of the kidneys follows the same course as after ligation of the ureters, and the line representing the result of the two operations rises above the horizontal and remains parallel.

8th. After the ligation of a single ureter the circulation of the blood diminishes in the corresponding kidney, and 24 hours after ligation blood cannot be drawn from the emulgent vein.

9th. In normal conditions the blood of the renal vein contains less urea than that of the renal artery.

10th. The diminution of the amount of the urea in the renal vein is equivalent to that excreted by the ureter.

11th. The venous blood collected 24 hours after ligation of a single ureter, contains as much urea as the arterial blood; hence the kidney has ceased to excrete urea, and none is formed by its tissues.

Ligation of the ureters and nephrotomy are identical in their results; they both suppress the eliminating functions of the kidneys, but present no obstacle to the formation of urea, which takes place remote from the sphere of their action.—*Jour. de L'Anat. et de Phys.* From *Michigan University Med. Jour.*

THE level of morality and decency, to which a certain class of the American Press has fallen in their attitude towards medical swindling, is painfully illustrated by an account published by the *New York Star*, of the gastronomic bribery to which the Yankee editors unblushingly confess. One of the fed informs us that:—

"The renowned Dr. Helmbold last night paid a felicitous compliment to the agency through which his wonderful medicines have been heralded to the world, by giving a dinner to the Press. Amongst those present were the representatives of the *New York Standard*; *Associated Press*; *Press Association*; *Journal of Commerce*; *New York Post*; *Sunday Herald*; *Sunday Gazette*; *Boston Journal*; *Republican*; *New York World*; *Philadelphia Ledger*; *Alta Californian*; *Commercial Advertiser*; *Chronicle*; *Star*, and others.

"The dinner was worthy of the man who can afford the luxury of a six-in-hand team, and who has palatial residences at all the watering places, and a winter palace in New York City. The invincible doctor was then and there put in the field as the candidate of the press for the Presidency, and it was stoutly maintained that a man who had the brains to make a fortune by the use of printers' ink was the man of all others for them to sustain. It was all very well to talk about generals and statesmen, but give us the man who can invigorate a whole nation by his bracing medicines.

"After brilliant speeches, the company adjourned, with three cheers for Dr. Helmbold, and with the hope that the strength of his wonderful Buchu may never grow less."—*Med. Press and Circular.*

ABNORMAL POSITION OF THE STOMACH. By BENJAMIN WOODWARD, M.D., Wyandotte, Kansas.—In the latter part of last September I was requested to see the infant child of Mr. D., of this city, in consultation with Dr. Grafton. The age of the child was two and a half months, and in the language of the mother, "had never been right." For a week past there had been constant vomiting, with obstinate constipation, though

there had been frequent small passages of a little dark-colored fluid. Every means had been resorted to to give relief, but to no effect, and the child died on the next day. It was diagnosed as "incomplete intussusception." An autopsy having been consented to, we made it eight hours after death, Dr. Heath being also present. Laying open the abdomen, we found the intestines covered with recent lymph. To our great surprise the stomach could not be found; but the duodenum passed through the œsophageal foramen. The duodenum was ligated and the intestines carefully removed. All the small intestine was deeply injected, and two inches above the ileocæcal valve there was a partial intussusception, the bowel passing into itself like an inverted glove finger; but about four inches above this there was another and more complete obstruction of the same character. We wished to preserve this remarkable specimen, but having pledged ourselves "that nothing should be taken away," could not do it. Search was now made for the stomach. The diaphragm was carefully searched to see if any rent or other injury had taken place, but it was intact, and through the œsophageal opening the tied end of the duodenum presented. Cutting through the diaphragm we found the stomach empty and lying partly under the right lung and heart. There were no adhesions to either diaphragm or pleura. Cutting open the stomach on the line of the shorter curvature the mucous membrane hung in shreds and nearly diffuent. The muscular coat was deeply injected. This is a short but succinct account of the case. How did the stomach get there? If drawn through the opening by vomiting or otherwise, it would have been inverted. We could find no solution but that it was congenital. I have searched all the pathological records within reach, but can find no parallel case, and must think it *sui generis*.—*Leavenworth Med. Herald.*

HOMICIDE OF AN INSANE WOMAN.—Another terrible case of murder of one of her children, by an insane mother, in New York, is reported in the papers of that city. Though she was known to be subject to attacks of insanity, she was allowed to be at large. The opportune entrance of a brother saved the lives of her two other children. A "lettre de cachet" was issued after the mischief was done, and the much to be pitied mother was transferred to a hospital, to which, if she had been taken earlier, and placed under treatment, she might have recovered, and the life of her child been saved.—*Med. & Surg. Rep.*

Medical Miscellany.

MEDICAL LEVEE AT THE REVERE HOUSE.—The Medical Class of Harvard University was entertained at the Revere House, on the 10th inst., by the Faculty of the School, as is usual at this season of the year. The class, which this year numbers 285, appeared in good force and entered with accustomed zest into the discussion, professional, social and gastronomic, of the entertainment prepared for them. The evening passed pleasantly away in conversation between the students, the Professors, and the Physicians and Surgeons of the Public Institutions; instrumental and vocal music enlivened the occasion, and the company separated at a late hour.

DR. BROWN-SEQUARD.—The members of the profession will hear with pleasure that this gentleman has returned to Boston and will make it his place of residence for the present, at least. Driven from Paris by the threatenings of war during the last summer, he receives a hearty welcome from his brethren here, and his professional services will be gladly availed of by those having important cases in his specialty.

† DEATHS BY CHLOROFORM.—Dr. Conner said that "there are at least eight cases on record at the office of the Surgeon-General," of deaths by chloroform in army practice.—*Phil. Med. and Surg. Reporter*, Dec. 10, 1870, p. 475.

PROF. SKODA, of Vienna, has resigned his chair of clinical medicine on account of failing health. He is 65 years of age.

SMALLPOX IN PARIS; THE HEIFER DISCARD-ED.—A large city like Paris is never entirely free from smallpox. It caused 765 deaths in 1865, 581 in 1866, 324 in 1867, 638 in 1868, 711 in 1869, and in 1870, up to the commencement of war, very nearly 4000. Thus the minimum mortality for any of the last six years was nearly one per diem, while the deaths in the first seven months of 1870 averaged about twenty a day. And this in spite of the practical application of the popular theory which requires the renewal of the vaccine virus from the cow. The heifer has failed, and practitioners are falling back on the virus transmitted from generation to generation in the human subject.—*Pacific Med. and Surg. Journal*.

MORBID PIGMENTATION OF THE SKIN.—Of the many syntheses and analyses taking place in the laboratory of the body, the formation and decomposition of the several pigments are not the least interesting. Many of these pigments are easily isolated; many of them, under the spectroscope, exhibit characteristic absorbent bands. Including secondary products in the series, Dr. Wm. Frank Smith, of London (*Journal of Cutaneous Medicine*), finds it easy to form from them a long chromatic scale with indigo, from the urine at one extremity, and hæmato-crystalline at the other. *Hæmato-crystalline* is the most beautiful of these, and the most important of all.—*Med. Record*.

THE argument that it is not indecent for female medical students to study anatomy and surgery side by side with males because female nurses discharge their duties under similar circumstances, seems to us a lame and impotent conclusion. Even indecency is relative, and that which would be a matter of course in one class would be highly objectionable in another.

As a matter of fact, female nurses do not voluntarily put themselves in the way of indelicate objects when male students are in the way.

In ward visiting nurses should, and usually do, stand aloof from the sight of indecent objects, which it would not be possible for them to avoid if they were surgeons instead of nurses.

But, we submit, that that duty which would not be so indecent as to forbid a nurse undertaking, might well be objectionable in a young lady, who hopes and expects to hold the position of a lady and to practice a learned profession. There are many things which a servant may do without disgracing herself, but which the mistress might not, and we, therefore, hold that there is no analogy between hospital nursing and lady doctoring.—*Med. Press and Circular*.

TO CORRESPONDENTS.—Communications accepted:—Contributions to Operative Surgery.

DIED.—In Grafton, Mass., Jan. 9, Dr. Delano Pierce, aged 84.

Deaths in sixteen Cities and Towns of Massachusetts for the week ending Feb. 11, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	124	Consumption 51
Charlestown	14	Pneumonia 32
Worcester	26	Croup and Diphtheria . 16
Lowell	16	Typhoid fever 13
Milford	3	Scarlet fever 5
Chelsea	10	
Cambridge	12	
Salem	9	
Lawrence	10	
Springfield	1	
Lynn	5	
Fitchburg	3	
Newburyport	6	
Fall River	11	
Haverhill	6	
Holyoke	2	
	258	

Holyoke reports one death from smallpox.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, Feb. 11th, 124. Males, 69; females, 65. Accident, 3—apoplexy, 3—anaemia, 1—inflammation of the bowels, 1—disease of the bowels, 1—disease of the bladder, 1—bronchitis, 3—inflammation of the brain, 1—congestion of the brain, 1—disease of the brain, 6—consumption, 22—convulsions, 6—croup, 1—debility, 7—diarrhoea, 2—dropsy, 1—dropsy of brain, 7—diphtheria, 1—scarlet fever, 1—typhoid fever, 4—gastric fever, 1—gangrene, 1—disease of the heart, 6—infantile, 1—intemperance, 1—disease of the kidneys, 4—congestion of the lungs, 1—inflammation of the lungs, 9—marasmus, 2—old age, 6—premature birth, 1—puerperal diseases, 3—pyæmia, 1—caries of the spine, 1—sclirrhus of prostate, 1—scrofula, 1—sui ide, 4—tumor, 1—unknown, 8.

Under 5 years of age, 45—between 5 and 20 years, 5—between 20 and 40 years, 29—between 40 and 60 years, 21—above 60 years, 24. Born in the United States, 75—Ireland, 34—other places, 14.

E. FOUGERA, Importing Pharmacist,
No. 30 North William Street, New York.

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OF

LA PLATA.

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It will keep unaltered for years in any climate, and will recommend itself at once for its purity, its permanency and cheapness.

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References:

- Dr. S. G. Howe, Boston, Mass.
Dr. Edward Jarvis, Dorchester, Mass.
Dr. H. M. Knight, Lakeville, Conn.
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S29—4f.

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CENSORS OF SUFFOLK DIST. MED. SOCIETY.—In accordance with the following By-Laws, the Censors of the Suffolk District will meet at the house of Dr. B. Joy Jeffries, 16 Chestnut Street, Boston, Friday afternoon, March 3, 1871, at 4 P.M.

Extracts from By-Laws :

"I. Any person may be admitted a member of the Massachusetts Medical Society, who shall have passed a satisfactory examination before a Board of Censors, as to his credentials, personal and medical qualifications, and character, and shall have signed the By-Laws.

"The candidate shall be a person of sound mind, and of good moral character ; shall be not less than twenty-one years of age ; shall have such an acquaintance with the Latin Language as is necessary for a good medical and surgical education ; and shall have acquired the principles of geometry and experimental philosophy." He shall have studied three full years under the direction, and shall have attended the practice, of some respectable physician or physicians. He shall have attended two full courses of lectures on anatomy, physiology, chemistry, materia medica, midwifery, and the theory and practice of medicine and surgery.

"No person shall hereafter be admitted a member of the Society who professes to cure diseases by Spiritualism, Homoeopathy or Thomsonianism.

"II. Candidates shall be examined, at any stated meeting of Censors, in each and all the branches mentioned in Article I. of the By-Laws. If the examination be satisfactory to the major part of the Censors present, the candidate shall be admitted a Fellow ; but, if unsatisfactory, he shall not be re-examined by any Board of Censors in less than six months.

"XX. The Censors of the Suffolk District Society shall officiate for that District and for the Society at large ; and shall meet, for the admission of Fellows, in Boston, on the Thursday next preceding the annual meeting of the Society, on the days succeeding the examinations of the Medical Department of Harvard University, and on the day of the annual meeting of the Society."

Resolved of June 17th, 1863.—"That the Censors at Large are hereby instructed not to admit into the Society any person who is a resident, or in practice, in any district except their own."

No fee is attached to the admission of a Fellow.

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* It is understood that he be able to translate the select Oration of Cicero, the *Æneid* of Virgil, or the medical writings of Celsus, and the formulae of the Pharmacopœia of the United States ; and that he have a knowledge of Euclid's, Ptolemy's or Loomis's Elements of Geometry ; also of Golding Bird's or Olmstead's Natural Philosophy, or the Cambridge Course of Physics.

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C. F. BRACKETT, M.D., Sec'y.
Brunswick, Me., Nov., 1870. N24—4f.

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Jan. 26—4f.

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Jan. 19—4f.

D. R. EPHRAIM OUTTER has removed his City Office to 138
Boylston Street.
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May 30, 1868. Jc. 11—4f.

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Feb. 24

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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H. H. A. BEACH, M.D., ASSISTANT EDITOR.

Whole No. 2247. }
Vol. LXXXIV. }

THURSDAY, FEBRUARY 23, 1871.

{ New Series,
Vol. VII.—No. 8.

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HARVARD UNIVERSITY. Medical Department, Boston, Mass.

SUMMER SESSION...1871.

The regular Course of Summer Instruction will begin at the Massachusetts Medical College, North Grove Street, Boston, on March 13th, and continue until the next Winter Course of Lectures on the first Wednesday in November. The Session is divided into two Terms by the summer vacation of two months. Gentlemen who finish their undergraduate course during the summer months, should join the Medical School at the beginning of the Fall Term, Sept. 11th; their requisite three years of study being thus completed in time for the special examination for medical degrees, which precedes the annual commencement at Cambridge.

Recitations are held daily by the Professors and Instructors in all the branches necessary to a medical education. Clinical instruction in Medicine and Surgery is also given daily at the Massachusetts General Hospital and the City Hospital. Other Hospitals and the various dispensaries and infirmaries in the city are likewise open to students. Lectures on special branches will be given at the College by University Lecturers, and courses on the sciences connected with Medicine, Zoology, Botany, Chemistry, and Physics, will be delivered in Cambridge by the Professors in these departments, which students may attend without extra charge.

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J. NELSON BURLAND, M.D., Instructor in Clinical Medicine.	
ROBERT H. FITZ, M.D., Instructor in Pathological Anatomy.	
JOHN E. TYLER, M.D., Lecturer on Mental Diseases.	
HENRY W. WILLIAMS, M.D., Lecturer on Ophthalmology.	
GEORGE DERRY, M.D., Lecturer on Hygiene.	

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Nov. 3—Jan.

CALVIN ELLIS, M.D., Dean of the Faculty

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It is pleasantly flavored so as to be acceptable, and is perfectly free from Chlorous Acetylene, Chloride of Carbon, and other incidental products, often found in the commercial Hydrate.

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WE ask the attention of Physicians and Apothecaries to the advantages claimed for BROMIDE SODIUM over the Bromides of Potassium and Ammonium.

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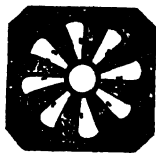
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THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, FEBRUARY 23, 1871.

[VOL. VII.—No. 8.

Original Communications.

HIP-JOINT DISLOCATION.

THE following are the cases which have entered the Massachusetts General Hospital during the past three years, with the exception of those published by Dr. Bigelow in his work on "The Hip," and two cases of dorsal luxation which were reported in this JOURNAL three years ago from the wards of Drs. Bigelow and Hodges.

H. H. A. BEACH.

CASE I.—Dorsal Dislocation; 8 Months. (Service of Dr. HODGES.)—May, 1868. Female, æt. 27, fell on a floor, eight months before she was admitted, and struck upon the left hip. Two medical men were called, who applied extension and counter-extension "to set the leg." The patient was confined to her bed for a number of months, and has not been able to walk since, unless with the greatest difficulty. When she entered, it was found that she could bear but little weight on the injured limb, which was about one and a half inch shorter than the other and the foot inverted. She walked with great difficulty and a decided limp. On examination under ether, it was decided by Drs. Cabot and Hodges to be a case of unreduced dorsal dislocation. Dr. Hodges reduced the luxation by flexion, abduction and extension, without using much force. A bandage was placed about the knees, and the patient put to bed. She had a trifling amount of pain in the neighborhood of the joint for a day or two after the reduction had been accomplished, and in twelve days she was able to move about the wards with the aid of a chair. Four days after, it was first noticed that the limb had shortened, and, on examination, it was found to be luxated again on to the dorsum. Dr. Bigelow saw the case, in consultation with Dr. Hodges, and the dislocation was again reduced; the head of the bone showing great tendency to slip from the socket, the thigh was flexed, abducted down upon the mattress and confined to the side of the bed, while

the foot was tied to the sound knee. In this position of flexion, abduction and eversion, the head of the femur pointing vertically upwards, the patient was confined to the bed for three weeks; ten days after which she was discharged, well.

CASE II.—Thyroid Dislocation; 4 Years. (Service of Dr. BIGELOW.)—June, 1869. Female child, æt. 6. Four years ago, she fell from a car-seat and produced a thyroid luxation of the right femur. It was not to be expected that a luxation occurring in a child of 2 years of age, and remaining unreduced for four years, could be replaced, or indeed that a socket would yet exist, but the thigh and leg, which were in this case firmly flexed at right angles with the body, were brought down by treatment. There was, at the time of entrance, extreme flexion and abduction of the thigh, which, of course, prevented her from touching the ground with her right foot, and compelled the use of crutches; the tendon of the rectus femoris, near its origin, was very tense; all the other muscles of that limb were much atrophied, and there was talipes equinus of the right foot. Ether having been administered, Dr. Bigelow performed tenotomy on the tendon of the rectus, about an inch from the anterior superior spinous process of the ilium, and the limb extended a little. It was still incapable of much motion of the head of the femur in its socket. The anterior portion of the capsular ligament was now divided subcutaneously and reduction attempted, but the adhesions were so strong that it was not deemed advisable to complete reduction, as the femur gave evidence of commencing green-stick fracture. The head of the femur was carried a little farther on to the dorsum of the ilium, and maintained in that position by coaptation splints applied to the femur, and an extension of three pounds in the line of its axis, the leg being rotated outward and a pillow placed underneath. This extension was continued for a month, when it was transferred to the leg. One week after, the patient was etherized, and the flexion at the kneejoint reduced by force. Tenotomy was at this time performed.

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[WHOLE No. 2247

ed on the tendo-Achillis, to correct the equinus. In a week, extension was discontinued, and in another she was allowed to use crutches. She was discharged in ten days after, being able to walk and to move about with ease, without apparatus, the leg readily resting in the axis of the trunk.

CASE III.—*Dorsal Dislocation; 3 Hours.* (Service of Dr. BIGELOW.)—December, 1870. Male, æt. 35, while descending a ladder from a building, which was being raised, the support gave way and the building fell upon the patient, who was saved from being completely crushed by being thrown to the side of a pile of boards. Notwithstanding this protection, his right hip was dislocated on to the dorsum ilii, and the sixth rib of the right side fractured at its middle. The patient being under ether, Dr. Bigelow reduced the luxation, before the class, in about three seconds, by flexion, abduction and eversion of the thigh; the limbs were bandaged together, and a strip of adhesive plaster applied over the fractured rib from spine to sternum. In ten days he was discharged, well.

In connection with the above, extracts containing reports of some recent interesting cases are appended. The first is from the *London Medical Times and Gazette*, and was under the care of Mr. De Morgan, at the Middlesex Hospital. The dislocation was into the thyroid foramen, and reduction was accomplished with the aid of pulleys, after failure by manipulation. The second and third are from the *Michigan University Medical Journal*, and are reported by Dr. Homer O. Hitchcock. One of them, a luxation of the hip of 7½ weeks' standing, was successfully reduced by manipulation; and the other, a case of dislocation of both thighs, was treated by manipulation, but reduction was supposed to have taken place six weeks after. The fourth, from the *American Journal of the Medical Sciences*, was a dorsal luxation of five and a half months' standing, reduced by manipulation, and reported by J. H. McKee, M.D., of Bannack City, Montana.

CASE I.—Patrick H., a laborer, aged 35, and a strong, robust man, had been drinking rather freely on Sunday, July 10, 1870, but was not at all drunk. He began jumping in a field, and had twice cleared a hedge with a ditch beyond, when, on taking it the third time, he alighted with his left foot in the ditch, and his right upon the bank in front. His thighs were thus widely separated, and he immediately felt a sudden "start" in the right hip-joint, and fell for-

ward. He attempted to rise, but could not do so, and was lifted into a cab, and brought directly to the hospital. He had never injured himself before, and had only once been laid up—seven or eight years previously—with rheumatic fever.

On examination, after getting him to bed, it was found that the right leg was markedly everted, and that abduction was impossible; that a distinct hollow existed on the outer side of the right hip, in the situation of the trochanter major; that beneath the attachment of the abductor muscles to the pelvis a hard prominence could be felt, and that the muscles themselves were much stretched. The right leg was lying widely separated from the left, and from the median line, and could not be brought nearer without the attempt causing great pain. From the position of the right limb it does not seem to have been evident to superficial observation which limb was the longer, but a measurement taken from the anterior superior iliac spine to the external condyle of the femur on each side showed the right to be two inches shorter than the left. (This measurement, however, must have been affected by the adducted position of the limb.)

Mr. De Morgan first tried to reduce the dislocation by manipulation, flexing the knee thoroughly, and then bringing the thigh across the abdomen with a rotary movement; and this failing, whilst the man was kept fully under chloroform, the pulleys were applied, and after much trouble the head of the bone shifted to the dorsum ilii, and finally returned to the acetabulum. The limb was afterwards kept absolutely at rest, and the man went out well in a few weeks.

CASE II.—On the 24th of July, 1869, Miss K. I—, of Paw Paw, 14 years of age, was thrown from a buggy, and struck upon the left hip with considerable violence. She was taken up, unable to walk or even move her left limb, and complaining of great pain in the neighborhood of the hip-joint, and was carried to her father's house where Dr. — saw her almost immediately; and later in the evening Dr. saw her. There was much swelling and great tenderness around the hip-joint, and the exact nature of the case was not fully made out until the fourth day after the accident.

I am not definitely informed as to the position of the limb during those four days, but was told that there was no apparent shortening.

On the Wednesday after the accident, on more careful examination, the patient being under chloroform, it was decided by Drs. and —, that there was a dislocation

of the femur, the head of the bone lying at, or near, the ischiatic notch. They made an effort to reduce it by manipulation, and believed that they had succeeded, for a sudden motion of the head of the bone took place, accompanied by an abrupt, dull, but distinctly audible sound, and the limb, placed by its fellow, appeared to the eye to be in the proper relations, and was found to be of equal length. There followed quite a sharp inflammation around the joint, accompanied by much swelling, soreness and pain, with complete inability to move the limb.

When I was called to see the patient, just seven weeks after the limb was believed to have been reduced, Dr. — told me that soon after the reduction, the limb appeared to him "inclined to draw up," and he supposed at the time of my visit "the limb was about half an inch shorter than its fellow."

I found the patient of rather slight frame, with soft and flabby muscles, lying on her back with her left limb semi-flexed at both the knee and hip, inclined very decidedly inward, the axis of the left femur crossing that of the right near its middle, and the toe of the left foot touching the instep of the right, with a considerable prominence of the left hip over the acetabulum, with inability to bear any weight upon the limb, or voluntarily to move it. The limb was also shorter than its fellow by an inch and a half. My diagnosis was dislocation of the femur with the head of the bone upon the dorsum ilii.

Having been requested by the father of the patient to make an attempt to reduce the limb, I insisted that before that was done Dr., who had first reduced the limb as he supposed, should be joined to the council. On examining the limb Dr. readily coincided with me in the diagnosis, and it was agreed that on the following day an attempt should be made to reduce the dislocation.

Accordingly the patient, having been fully anæsthetized, was laid on her back upon a piano and the reduction was attempted by manipulation according to Reid's method. At the first attempt the head of the bone was moved from its resting place above the acetabulum, with a sudden jerky motion and dull sound, but distinctly audible to all around; and the limb, when brought down by the side of its fellow, was found to be of equal length and appeared to be in all respects in its normal relations. In a few minutes, however, it began to draw up, and the head of the femur was soon found again upon the dorsum ilii. This

process was repeated several times with like results.

We succeeded no better when making considerable extension with the Jarvis adjustor. At length having brought the limb across the abdomen in extreme flexion, and the head of the bone having been carried around the rim of the acetabulum to near its lower portion, the circle being described by the knee was continued until the limb was nearly perpendicular to the pelvis, when the limb was carried forcibly outward over a solid roll of cloth as a fulcrum held firmly under the trochanter while the pelvis was held firmly to the table; an outward rotary motion was also given to the thigh, when the head was distinctly felt and heard to slip over the hip into its normal position and the reduction was found to be complete. There followed considerable inflammation about the joint and great soreness in all the muscles of the upper part of the thigh and hip, which yielded after a little to treatment without any sign of suppuration. Passive motion began to be practised in about ten days, and the limb was kept for some time on a double inclined plane. The limb soon after its reduction was noticed to be somewhat everted and slightly flexed at the knee.

These signs, with the continued soreness about the joint and the inability of the patient, voluntarily, to move the limb, led another practitioner, who happened to see the case a few weeks after its reduction, to pronounce that there existed fracture at the neck of the femur, and indeed he claimed to find an inch and a half of shortening of the limb. I saw the patient just eight weeks after I reduced the dislocation and carefully examined as to the condition of the limb. The patient had that day rode out for an hour and a half without weariness or pain to the limb. She did not use the left limb and could bear but little weight upon it, and there was apparent shortening, and the limb was slightly everted and flexed at the knee. But the relation of the trochanter to the anterior superior spinous process of the ilium appeared entirely normal, with the exception that it was a little too far outward, and the whole contour of the hip seemed a little flatter than that of the other. But when the limbs were placed as nearly as possible parallel there could be made not more than one-eighth inch difference in their lengths. Passive motion could be practised without pain, except when the limb was forcibly rotated or carried forcibly outward or inward. There was still some

soreness about the joint and along the adductor muscles of the thigh. The general health and appearance of the patient had greatly improved. I thought I was justified in positively assuring the patient and her friends that there was no fracture and that the limb was still properly adjusted and would after a few months be a good and useful one, though probably always a little stiff and the foot slightly everted. And I directed that she immediately commence the use of crutches and the use of the limb as much as possible without giving too much pain.

On the 8th of December I saw her father, who assured me that the patient was doing very well, and improving every day in the use of the limb. In January or February after, I learned that she had discontinued the use of her crutches and that she had even engaged in dancing.

In a review of this case there are noticeable several points of interest.

1st. Was the dislocation reduced at the first effort of Drs. and —, and subsequently redislocated?

That this might have been so is I think very possible, for the subject was a young girl with light flabby muscles; and cases are not very infrequently reported of redislocations after reduction, even while the patient is in bed and using no very extensive or violent motions.

On the other hand, however, no marked and sudden change in the limb in this case was noticed by the attending surgeon at any time, but there appeared to be a gradual shortening of the limb and that too from soon after its supposed reduction.

And it is not impossible that the doctors, though altogether competent and honest, were mistaken and regarded the sudden movement of the head of the femur along the rim of the acetabulum, giving as it did a distinctly audible sound, as evidence of its complete reduction. Indeed, at the second effort to reduce it we were all, for a time at least, thus deceived, the deformity about the hip having been largely removed, and the limbs becoming of equal length. Our deception would have been continued had not the limb before our eyes begun to shorten up.

2d. The dislocation was at first probably into the ischiatic notch, or, as it is better named by Dr. Henry J. Bigelow, in his admirable monograph "On the Hip," "upon the dorsum ilii below the tendon of the obturator internus." It is probable I think that the first effort at reduction ruptured that tendon and brought the head of the

femur down toward the thyroid foramen, where it remained for some time, but was gradually dislodged and drawn upward until, no longer impeded by the tendon of the obturator internus, now ruptured, it was found upon the dorsum ilii above the acetabulum.

3d. My experience at the second effort at reduction goes far toward convincing me that there is no need of "pulleys" or the "adjustor" to make extension for the reduction of even old dislocations of the hip. At our first manipulation the head was brought down as low as at the last and successful one, and there was only needed that the limb, at right angles with the fixed pelvis be carried forcibly out over a fulcrum under the trochanter to make the reduction then complete.

The use of the adjustor complicated matters and I think did injury. The femur in all regular dislocations of the hip is a lever of the first order with the fulcrum between the power and the weight, the Y shaped ligament, so admirably demonstrated by Dr. Henry J. Bigelow, of Boston, being the fulcrum. The disproportion in the length of the arms of the lever is so great as to enable us to make use of immense power even by manipulation, and this lever appears to me to be of itself all the machinery necessary for the perfect and easy reduction of all regular dislocations of the hip-joint.

4th. Why was the limb everted after its final adjustment? In my opinion either by our extension with the adjustor, or by the forcible abduction of the limb at the last and successful effort, the external fasciculus of the Y shaped ligament was ruptured and allowed the limb by its own weight to roll outward.

5th. If a limb can be reduced after a dislocation of seven and a half weeks so readily when working in accordance with nature and the laws of simple mechanics, who shall fix upon the time after which it may not be reduced?

CASE III. In the autumn of 1866, I was requested to see —, of Oshtemo, in consultation. I found a man of about 45 years of age, of fair muscular development, with a peculiar deformity about his pelvis, and wholly unable to walk, although he could stand on his feet if he supported himself by two chairs. Both legs appeared to be nearly immovable at the pelvis, and seemed to be too far forward in their relations to the bones of the pelvis, and also to stand outward and forward at a considerable angle. Both legs and feet were con-

siderably oedematous, and efforts to move them on the pelvis gave him pain. Eight weeks previous, his team, hitched to a lumber wagon, had run away with him through a forest, and, one wheel suddenly striking a large tree, he was thrown very violently out, striking his pelvis against a solid tree. He was found in an insensible state, and conveyed to his home, and Dr. C— was called. Dr. C—, finding the injuries quite serious, despatched a messenger for counsel—and Dr. F— was also soon in attendance. They found both femora dislocated and made faithful efforts by manipulation to reduce them, and both bones appeared to them to pass back into position with an audible sound. The man was kept upon his bed for six weeks, when one night he attempted to gratify the sexual desire with his wife, and while in the very act he both felt and heard something give away about the hips, and from that time onward they were in the condition that I found them two weeks later.

This man had sought to make me blamable for his present condition because I did not at first attend the case in council, when requested so to do.

On careful examination I found the heads of both femora in the thyroid foramina. I offered to make a careful and faithful effort to reduce the limbs, but as he had already consulted a lawyer to see if in some way he could not hold me responsible for his condition, I insisted that he should first sign a paper releasing me entirely from the consequences of the effort to reduce the bones. He was not willing to do this, and in a short time he left this part of the country, and I have heard nothing of him since.

I feel very certain that those limbs might with care have been reduced, although eight weeks had passed since the dislocation. It appears to me altogether improbable that the limbs were at first reduced—but the doctors were undoubtedly deceived by the movements of the heads of the bones around the rim of the acetabula, and by the slight noise they made in the passage. The heads of both femora were probably brought down to a level with the acetabula, and appeared to the eye, when straightened out, to be in normal relations to the pelvis, and to each other. Had they been fairly reduced, it is not probable that, six weeks after, an act to which man is considerably addicted would have dislocated the bones again. But it is easy to see that such an act might cause the heads of the bones to glide down the side of the acetabula into the foramina. If another such case presents

itself I shall not hesitate to attempt the reduction.

CASE IV.—Mrs. B., æt. 27, of moderate general health, while travelling with her husband and two little children from Bannack to Salmon City, Idaho, one hundred and ten miles, was thrown a considerable distance from an overturning wagon going down a steep hill, and alighted upon her left knee on solid ground. Not feeling herself injured, so sudden was the shock, she attempted to rise to rescue her infant then lying some ten feet distant, but when half erect she fell back helpless, and concluded she had badly sprained her limb. Hoping it might be restored by the use of liniments, &c., no examination was made, and they proceeded on their journey yet forty miles, the patient all the while suffering the most excruciating pain. There being no physician or surgeon in Salmon, or at the time nearer than Virginia City, Montana, one hundred and eighty miles, it was determined to fully test the virtues of external applications, which were persevered in for about five weeks, when they returned to Bannack to procure surgical aid. A doctor was called from Virginia City, who detected a dislocation; *guessed* there was a fracture somewhere in the hip-joint, pronounced that nothing could be done, applied a long splint extending from the knee to the crest of the ilium, and left the patient to make the best of her misfortune. So matters remained; the patient not returning home till the early part of August, when I, having recently located in Bannack, was consulted.

I found the patient quite emaciated, not only from great suffering with the limb, but from a chronic cystitis of many years' standing, which was especially troublesome and painful during pregnancy. She was also in the third month of pregnancy; and stated that for several months before the accident, and during the latter months of her last pregnancy, she felt a disposition in her left hip to slip, insomuch that she was at times helpless and compelled to keep her bed, thus proving that either the socket was very shallow or the ligaments within and around it were very weak. The left limb was two and a half inches shorter than its fellow, and dangled powerless like a dead member. The head of the femur could be easily felt high upon the dorsum ilii, the patella facing the internal condyle of the opposite knee, and the toes quite advanced and hugging the instep of the opposite foot.

In view of all these discouraging features, the long standing of the dislocation, and no professional counsel, I was somewhat at a

loss to determine what to do. The patient's life was one of torture, increased at the time by her cystitis and pregnancy; and while the procuring of abortion was regarded a desperate remedy, it was nevertheless considered, and the idea abandoned. Upon a consultation with the family and friends, and a full explanation of the nature and uncertainty of success in the operation, I decided to attempt reduction by manipulation.

Accordingly on the 10th of August, having selected as the anæsthetic equal parts of chloroform and alcohol, anæsthesia to be maintained by ether, and having prepared the patient on a low couch with pelvis firmly fixed by a T-shaped system of padded straps fastened to the floor and side rails of the bed, I cautiously administered the chloroform to full insensibility, and then grasping the ankle with my left hand, with the bend of my right arm under the knee, giving me perfect control of the limb, I slowly flexed the thigh inward and upon the abdomen, to dislodge and throw out the head of the femur and relax the Y ligament, and then with a circular abduction over the abdomen, brought the thigh to a perpendicular and right angle with the body with slight rotation and sudden and forcible traction in the direction of and against the socket, and then down alongside its fellow. Comparison showing it too short, the same movements were repeated, but this time flexing the thigh less, and making firmer traction perpendicularly toward the socket; this was followed by an *audible snap* announcing the completion of the work, and then bringing down the limb and comparing it with its fellow, I found it to mate it in every particular. To secure it in this position and prevent a luxation on a reaction and contraction of the muscles of the hip-joint, the knee slightly everted was firmly bound to the bed-rail until the muscles and ligaments concerned had become reconciled to the new location of the head of the femur. The operation occupied but *one minute*, and was performed without the aid of any person or machinery.

The patient gained strength in the hip slowly on account of her feeble health, until, at the expiration of about two weeks, by some imprudent movement on her part, she slipped the hip, but it was easily replaced again, the head of the bone taking its place with an audible snap.

The patient's condition now continued to slowly improve, but her pregnancy advancing so rapidly, the predisposition of the hip-joints to slip during this state, formerly so annoying, began to be felt in the

right hip, rendering her almost helpless, besides impeding the recovery of the wounded hip, and indubitable evidence having been furnished of the extreme shallowness of the socket, and of the great relaxation of the ilio-femoral or Y ligament, it was found impossible without the use of the angular splint as recommended by Bigelow (which in her condition could not be applied) to hold the femur steadily in its place; for in defiance of all efforts the femur was disposed to settle upon the lower edge, or just below the socket as the patient lay upon her back. The limb, however, remains the exact mate of its fellow, and foot everted to the same degree as the other, while strength and use of the limb are gradually regained, so that now, October 1st, she moves about on crutches; bears considerable weight upon the foot, and will eventually find it a useful limb, but not much so until after her confinement.

AN INSTANCE OF A SO-CALLED "ENDLESS" NERVE, WITH REMARKS.

By THOMAS DWIGHT, JR., M.D., Boston.

PROFESSOR Hyrtl, in the *Natural History Review* for 1862, called attention to a peculiar kind of anastomosis between nerves in which certain fibres passing from one trunk to the other return to the nervous centres without any peripheral distribution. These he called "endless nerves" (*nerven ohne ende*). The most familiar examples are the anta-hypoglossi formed by the descending branch of that nerve uniting with fibres from the second and third cervical, and also the union of two of the terminal branches of the two hypoglossi in the substance of the tongue.

As far as I know, these nerves have been observed only in human anatomy, so that the occurrence of an example in a lower animal is worthy of notice. The present instance occurred in the face of a common seal (*Phoca vitulina*), in which the second division of the fifth pair is very large, and chiefly distributed to and among the roots of the hairs of the upper lip. The facial is not more than a fourth as large. In this specimen, several of the smallest fibrillæ of these nerves form a network together, as is usually the case; but in one instance a small bundle of fibres of one nerve is seen to unite with one from the other at some distance from their final breaking up, and one small band goes as a loop from one bundle to the other. As the specimen had been detached from the bone before dissection

(which had been undertaken to show the relations of the nerves to the hairs), it is impossible to say how far this loop might have been traced; it could be followed to the point of exit of the fifth nerve from the infra-orbital foramen, where it had been divided, but the facial had unfortunately become dry, so that it could not be traced throughout its whole length. The other side of the head of the seal was too much lacerated by the fatal shot to be available.

The consideration of this subject suggested that sufficient importance had hardly been ascribed to the great number of communications between the different nerves of the cerebro-spinal system, and that a more minute study of these inosculation might tend to throw light on many obscure points.

Anastomoses (using the word loosely) of nerves may be divided into two classes—the apparent and the real. The *apparent* are when one nerve places itself in apposition with another, which it again leaves. A remarkable example is furnished by the ulnar collateral branch of the musculo-spiral nerve, which, joining the ulnar nerve, lies for a considerable distance within its sheath without any interchange of fibres, and finally separates from it to be distributed to the inferior fibres of the triceps. The *true* anastomoses may be subdivided into “endless” nerves, in which the fibres return towards the centre, and into those anastomoses in which they continue together for a common distribution. The latter are again of two kinds—namely, of spinal or mixed nerves one with another, and between two of different nature. The spinal nerves, except most of the dorsal, interchange fibres shortly after leaving the spinal canal and again near the surface; and here the union is rather of small nerves than of minute filaments. Such anastomoses occur in the hands and feet; and it is worthy of notice that in the foot, in the sole, the two plantar nerves, both from the posterior tibial, and, on the dorsum, the musculo-cutaneous and the anterior tibial, although *all* are from the great sciatic, are joined to one another no less regularly than the three distinct nerves—the median, ulnar and musculo-spiral—which supply the hand. The union between nerves of different nature occurs sometimes when they are broken up into fine filaments, as is the case with the facial and the first and second divisions of the fifth pair, but also between the large trunks near their origin, as the pneumogastric, glosso-pharyngeal, spinal accessory and hypoglossal at the base of the skull. The two forms of true anastomosis often exist together, as is indeed the

case with the specimen from the seal, some fibres passing backward to form the loop, while others go onward together.

Hyrtl, in this case, speaks only of coarse appearances, but the microscope reveals similar ones equally instructive. In the corneæ of frogs and toads treated with chloride of gold, I have found, not as an occasional occurrence, but as a rule, that many nerve fibres turn backward. Owing to the tortuous course and tangled condition of the various fibres of any one bundle, it is nearly if not quite impossible to follow any particular nerve tube from its entrance into to its exit from the cornea; but it is very easy where a bundle of nerves bifurcates to trace fibres passing between each two of the three trunks which result, and at a short distance to see the same individual fibres take part in a similar arrangement. This is repeated so universally throughout the specimen, between the larger bundles, that it is hardly possible to avoid the conclusion that many fibres have no other destination than to form part of a system of loops.

Taking into account that many fibres of the roots of the nerves have a downward course after entering the spinal cord, it is hard to deny a certain plausibility to the theory that in connection with the ganglion cells the nerves form long circuits, like the wires of a galvanic battery. It is, however, worse than idle to form theories from imperfect data, and the only object of this paper, besides describing the specimens, is to call more attention to this remarkable system of loops, and to point out that by the immense number of anastomoses between its branches, the nervous system, including the sympathetic, may be held to play even a more general and important part in the regulation of the various functions in health and disease than has been attributed to it.

A CASE OF PERFORATION OF THE STOMACH.

By SAMUEL P. FRENCH, M.D., WARWICK, MASS.

Mr. B., of Richmond, N. H., aged 55, tall and slim, has been a great sufferer for years from dyspepsia and bilious derangement. He has always been temperate. Although he has been complaining and melancholy for years and was considered by his neighbors to be very nervous, yet for the past eight years he has been confined to his house only six weeks—two last spring, and four just previous to his death.

In the attack last spring, he had great pain in his stomach, sour eructations and a little tenderness in the right hypochondrium. His skin was yellow, pulse slow, and the urine high colored. These symptoms soon passed off, and he regained his usual health. Yet he was constantly troubled with a sinking sensation at the epigastrium, which was relieved by food. He had pain after eating, which was relieved only by the use of pepsine. On the 5th of Dec., 1870, he was attacked with severe pain in his stomach. He had pyrexia, tongue covered with a yellowish coat, except the tip, which was red and dry, sour eructation, breath fetid, slight tenderness over the stomach on firm pressure—a greater degree of tenderness in the right hypochondrium, bowels costive, pulse 60, skin yellow, urine high colored, fæces dark, sometimes tarry. In two weeks the fever nearly left him. The tongue became moist and clean, then coated again and dry, sordes collected on the roof of his mouth, then the fauces became very red, and the fœtor almost insupportable. His appetite, however, returned, and he gained some strength. Three days before his death, he vomited nearly a quart of blood, and a considerable quantity of blood passed in his stools. He became cold, pulseless, and had every appearance of being in a dying state, but soon rallied. He then felt weak, but relieved of the oppression in the stomach—the redness of the fauces and the fœtor had disappeared. He was relieved of pain for three days, and took beef-tea and tannin, morphine and spirits of turpentine.

A second attack of hæmorrhage came on, not so profuse as the first, from which he did not rally. The medicines which relieved him the most were morphia, sub-nitrate of bismuth, pepsine, chloric ether, the old-fashioned draught of salts and senna, and an occasional blue pill. Podophillin increased the pain.

The symptoms of gastric ulcer were not so well marked as in the case described in Vol. III., New series, No. 24 of this JOURNAL. There was scarcely any tenderness in the region of the stomach, no vomiting, and but little nausea, yet there were constant eructations, the great distress, the fœtor and faintness. There were well-marked symptoms of liver derangement.

A post-mortem examination was made by Dr. Hardy and myself 36 hours after death. Subject much emaciated. On removing the liver, we found it much atrophied, a little more than half of its natural size, of a pale

yellow color. A portion of the right lobe was red and soft. The spleen was extremely small. The stomach was largely adherent to the surrounding parts and to the spleen and pancreas throughout their entire contact. On separating the stomach from the pancreas, a circular opening, three inches in diameter, was discovered, perforating the walls of the stomach on its posterior surface, near the pylorus, and connecting with a cavity in the pancreas, three inches in diameter and a quarter of an inch deep. The edges of the opening were rounded, elevated, red and hard. The inside of the stomach was pale.

The hæmorrhage probably arose from the splenic artery, or its branches. This might account for the atrophied condition of the spleen.

The perforation had probably taken place sometime previous, for nine months before his death he discharged blood from the bowels.

FOREIGN BODY IN THE AIR-PASSAGES.

Translated by HENRY TUCK, M.D., Boston.

The following case is reported by Masing, in the *St. Petersburg Med. Zeitschr.*, 1869, 7th Hft.

A man, aged 43, a peasant, had tracheotomy performed in 1864 for œdema glottidis. After a few days the canula was removed. After the healing of the wound in the trachea, he had attacks of suffocation, and tracheotomy was again performed.

For the next two years he had to wear the canula constantly, but for the last two years of his life he had sometimes worn it and sometimes not. In 1868, he was attacked with pneumonia, and died.

At the autopsy, there was found, about an inch below the wound in the trachea, ulceration of the mucous membrane down to the cartilages. At the point where the right bronchus gave off a large branch to the lower lobes of the right lung, was found embedded a silver canula 5 centimetres (1.95 inches) in length and 3 centimetres (1.17 inch) in circumference, its curve corresponding to the curve of the bronchus. The canula was blackened, its inner surface covered with mucus, but it was not filled up with it. The mucous membrane beneath the canula was hardly more congested than the rest. The lobes of the lung below the situation of the canula were everywhere filled with air, full of blood, and cedematous. The left lung was almost wholly hepatized,

with numerous small and one large mass of pus in it. How long the canula had been in the bronchus it is not possible to say, as the patient had never mentioned it at all.

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On Epilepsy: Anatomico-pathological and Clinical Notes. (With original Plates and Engravings.) By M. GONZALEZ ECHEVERRIA, M.D. (Univ. Paris). New York: William Wood & Co. 1870. Pp. 386.

THE author of this work is well and favorably known from his other writings. The present volume is a record of cases seen at various public institutions and in private practice. After the discussion of fifteen cases, with autopsies, a synoptic table of twenty-six cases follows, showing at a glance the symptoms and pathological changes.

The author claims that there is always to be found in those who die from epilepsy changes in the medulla oblongata. This has been considered by others to be the seat of deranged action in this disease. Dr. Echeverria claims also that there is a change in the sympathetic, which has not been noticed before. This lesion consists "mainly in a proliferation of connective elements, and their subsequent substitution to the nerve cells and fibres, finally undergoing retrograde degeneration." He supports this by the statement that he "has examined the sympathetic in fifteen cases of epilepsy without failing to detect a more or less impaired state of the cervical ganglia. Not unfrequently, there has been a conspicuous similarity between the injured ganglionic cells and those of the medulla, or in the middle and between the cornua of the spinal gray matter. But, although, as established by Jacobowitsch, sympathetic cells are located in these regions, yet I have not sufficient evidence to ground the opinion that the sympathetic suffered more damage than any other cells, or actually that those in the spinal cord, so hurt, were mainly sympathetic cells."

In many of the cases reported there was fatty or amyloid degeneration of the sympathetic. In some there was only increase of connective tissue mentioned. This is a difficult point to decide definitively, the normal size, color and consistency of the different parts of the sympathetic varying considerably in different individuals; and

unless the increase of connective tissue is marked, it might not be safe to accept all the cases so reported to prove degeneration of that nerve.

The next chapter is devoted to the analysis of three hundred and six cases, especially discussing the greater prevalence of the disease in males than in females, and the influence of hereditary tendencies. In this the author shows that he is thoroughly acquainted with the views of others.

The cases are tabulated, showing that there were 176 females, 130 males, and giving at a glance the principal characteristics of each case. In regard to hereditary influence, from 80 cases in which information could be obtained, it was found that this influence was greater on the female than on the male side, and it is considered under the three aspects—

"1st. The reproduction of epilepsy directly traceable to the same affection in the parent.

"2d. As a modal diversity or transformation of preëxisting neuroses in the ascendants, entirely different from epilepsy itself.

"3d. Through agency of a systemic, but not essentially nervous, derangement in the parent, extending its injurious effects to the offspring."

With Trousseau and others, he refers the hereditary influence back not merely to epileptic ancestors, but to ancestors and others affected with any nervous diseases. Under the third heading he includes intemperance, phthisis, and also refers to the influence of consanguinity in the parents.

The influence of phthisis in predisposing to epilepsy in offspring seems to us not to be well supported by the figures given, considering how prevalent that disease is. Out of the 306 cases phthisis existed in the parents without other disease only eight times, 2.61 per cent. Three times the mother had cardiac disease and the father phthisis; once, in addition to a consumptive father, the mother was apoplectic or epileptic; and once the mother was epileptic and phthisical, while the father was a habitual drunkard.

While considering the accidental causes of epilepsy, he makes the following statement: "On the whole, then, I deem that the greater prevalence of nervous diseases now observed, acknowledges among its primary agencies the wide-spread abuse of alcoholics, being no less staggered at the number of epileptics deriving their dreadful malady from this ruling habit, which, among the lower classes, adds itself to aggravate paroxysms superinduced by other causes."

Chapter V. treats of the frequency and nature of the attacks, the aura, paralytic symptoms, appearance of the retina, state of circulation and respiration, and changes in the urine. All these points are well treated and are of interest, but we have no space to notice them farther, and we pass to the last chapter, on treatment.

Unfortunately removal of the cause, when it can be accomplished, does not cure the patient; the epileptic habit must be broken up. But with this must be associated a regenerative treatment, to improve nutrition.

"It would be assuredly too narrow-minded to rely on the efficacy of any of the so-called anti-epileptic remedies rather than on the more scientific and fruitful knowledge of the etiology of the disease, to establish the rational basis of therapeutic, which ought to counteract chiefly the physiological influences operating on every individual instance."

The author speaks very favorably of minute doses of strychnine given hypodermically, for its action on the circulation. Woorara he did not find to be of much use. Conium he considers the best narcotic. His testimony in regard to bromide of potassium is favorable. He adds from five to eight minims of Fowler's solution to each dose when it is desirable to prevent the cutaneous eruption. Shower baths, tepid and alkaline baths, and other hydrotherapeutic measures are recommended. This practice is too little in vogue with us, though general in Europe.

The hints in this chapter are invaluable for guidance in the rational treatment of epilepsy. The chapter closes with remarks in regard to epileptic insanity. A copious index adds to the value of the work.

It will be seen from what has been said that this book is chiefly the narration of the author's experience in over three hundred cases of epilepsy, with a careful discussion of the views of others, whether supported or not by his experience. As a careful review of such a mass of facts the work is valuable. The author has been unusually minute in his investigations, and has added to our knowledge of this severe disease. The illustrations are well executed, and assist materially to the understanding of the cases reported.

It is unfortunate that a friend better acquainted with English had not corrected the proofs. Many sentences are uncouth, and sometimes difficult to understand, and there is frequently a mistaking of prepositions. This is however a minor defect.

S. G. W.

Medical and Surgical Journal.

BOSTON: THURSDAY, FEBRUARY 23, 1871.

TREATMENT OF TUBERCULOSIS.

At a time when traditional pathological notions are subjected to such unceremonious treatment, and when theories are sup-
planted almost as quickly as they are advanced and made to appear plausible, when Virchow and Bennett and Cohnheim in turn succeed each other so rapidly on the microscopic stage, it is not perhaps wonderful that other departments in medical science should feel this revolutionary tendency, and that occasionally the tables are turned in therapeutics in a way that would surprise the later as well as the earlier fathers. M. Beaufort, in the face of the restorative disposition of our times, proposes to treat tuberculosis by means of "alteratives" as follows. In an article in the *Bulletin de Thérap. Entique*, he says:

"We use with the greatest success the following formula, and we find it can be applied in a large number of cases.

Distilled water, 120 grammes.

Iodide of arsenic, 5 centigrammes.

Dissolve and add,

Biniiodide of mercury, 20 centigrammes.

Iodide of potassium, 2 to 5 grammes.

Filter. Dose, one to three teaspoonsful, in milk or in a bitter infusion.

"This formula represents 'Donovan's solution,' the dose being modified. The combination of the two iodides derives its advantage from the great similarity of action of the two agents, mercury and arsenic. With small doses we observe, under the influence of this happy union, the general and, at the same time, the local condition of tuberculous patients to improve in a most favorable manner, and, after a systematic course of treatment extending through four, five or six months, a cure more or less complete according to the stage of the disease. Care is taken to interrupt the treatment every twenty or thirty days, and often, if possible, we give muriate of ammonia concurrently. The use of this latter remedy

should, however, be attended with caution. Having an undoubted action on inflammatory and tuberculous infiltrations, it acts sometimes so quickly and so energetically that its reckless use may end fatally. Under the liquefying influence of this salt, all the absorbent orifices are opened at once, and the blood is charged with an enormous amount of poisonous matter; it is needless to insist on the deleterious effects of this poisoning. The dose should not exceed two to four grammes in the twenty-four hours, and it is well to suspend it in good time, so as to avoid the ill effects. It should hardly be used in the third or at the end of the second stage of the disease, or by patients whose symptoms have become general, or are of long duration, or by those who are subject to hæmoptysis.

"If tuberculosis is very frequently curable in its organic manifestations, as curable, indeed, as ordinary diseases, it is nevertheless a diathetic disease of which the system rids itself but slowly; recurrence of the symptoms is often to be dreaded, although, with the treatment here proposed, it is postponed farther, and becomes less and less serious. Tuberculous patients should be watched a long time, and ought at intervals to return to the treatment so as to anticipate renewed local manifestation of the disease."

DEATH FROM CHLOROFORM.—The *Philadelphia Medical News and Library*, in quoting from our columns a case where death followed the administration of ether (see this Journal for Dec. 8th, 1870), seems to lay stress upon the statement made by us that there had been an overdose. The remark was intended to convey the idea that it was an overdose only by reason of the small amount of air allowed the patient during the administration. Any reasonable person might doubt that a patient who manifested sensibility would be killed by a drachm of ether, yet this was the condition of Dr. Burnham's patient according to his history of the case, before he gave the last drachm. It is fair to infer that a napkin held firmly over the mouth with no opportunity to inhale the necessary amount of air to support life, might cause death with a drachm of

ether off or on. The *Medical Times* (Philadelphia) in quoting this case is candid enough to comment, "that time and measure were evidently simply guessed at, and that it is very probable that much more ether was really used than Dr. Burnham thinks." During an altercation between an operator and his assistant the reiterated order is given to "crowd that ether." Surely the circumstances are not such as to favor accurate observation. The case was admitted to our columns, as often happens, with other articles, without our endorsement of its conclusions; and we leave it now, as we did then, to the candid judgment of our readers, merely expressing our own conviction that it by no means proves a death from ether according to the just definition of such an occurrence, viz., "that it should be unavoidable by any precaution which might be adopted were the patient to be again rendered insensible." We consider that the question of a death by ether could only have been decided by close investigation and scrutiny, which it certainly did not receive at the hands of the surgeon; especially as the most careful scientific study and the experience of twenty years have proved such a result to be beyond possibility.

ON THE NATURE AND CAUSES OF HYSTERICAL PHENOMENA.—The *Italian Gazzetta Medica* gives the following *résumé* of Dr. Charroud's observations on the relation of diseases of the ovary to hysteria. 1. Where compression or inflammation of one ovary, or both, exists, paralysis of the reflex movements of the epiglottis and of the pharynx constantly occurs. 2. The combination of these two groups of symptoms in one individual may be designated the hysterical cachexia. 3. The hysterical paroxysm is only the consequence of this reflex paralysis. The suffocating attack is occasioned by the paralyzed epiglottis narrowing the orifice of the larynx, and then there follow the convulsive movements of the extremities and the muscular spasms that collectively constitute the hysterical crisis. 4. The asphyxia proceeding from the frequent recurrence of these symptoms gradually leads to a change of the whole physical nature of the patient. From hence result the various sensorial disturbances and the anæsthetic conditions that are exhibited by almost all

hysterical patients. The treatment of hysteria should, if these views are correct, be directed to functional disturbances of the ovaries, and is in consequence purely local, with a view of subduing the oophoritis, as the primary if not the only cause of hysteria.—*Gazzetta Med. Ital.-Lombard.*

PROF. BILLROTH ON GUN-SHOT WOUNDS.—We extract the following from a letter of the war correspondent to the London *Medical Times and Gazette* :—

Prof. Billroth, in opening his clinic for the year, observed that, by a curious coincidence, his first case gave him the opportunity of stating the results of the experience he had acquired during the present war, from the seat of which he had just returned, with regard to the embedding of metal substances, and especially bullets, in the body. In most books on military surgery, the ease with which these bodies become embedded is stated as a practical reason for not meddling with them. This man, while striking an anvil, four months ago, was struck on the left forearm by a piece of iron, which penetrated its volar surface. This, about three-quarters of an inch in length, could be felt an inch and a half distant from the small cicatrix left by the easily healed wound. It proved of little inconvenience, except when the man engaged in heavy work, when it caused pain. It was easily removed, and had caused no suppuration. The Professor has frequently met with similar cases, in which splinters of metal or glass, shot, or revolver balls have caused little inconvenience. Needles, in the same way, may remain months or years. But as regards modern projectiles, the case is different, the experience of Prof. Billroth, as well as that of all army surgeons with whom he has conversed upon the subject, leading to the conclusion that these, sooner or later, when detained in the body, give rise to suppuration, and that their embedding, without giving rise to pain or suppuration, is to be regarded as quite exceptional. Still, in the present war, instances have been observed in which these balls have been embedded and encapsulated. The vast majority of the wounds in this war have been caused by the chassépot or needle gun, or fragments of shells; and in all the inquiries he made at the numerous hospitals he visited, embracing thousands of patients, Prof. Billroth could find no account of the injuries done by the balls of the mitrailleuse; so that, although these are larger, they do not seem to leave any

distinctive mark of their action. He also saw very few sword wounds, and not a single bayonet wound.

Most of the projectiles which Prof. Billroth either extracted or saw extracted had their form utterly changed, being converted for the most part into sharply angular lumps of metal. His sphere of activity not having been close to the battle-field, he only sought for balls when there was acute and enduring suppuration. The sharp angles of the projectiles gave rise to great mechanical irritation; and when the projectiles could not be found, although even repeated incisions for the discharge of pus did not abate the progressive phlegmon, this immediately ceased when the projectile was removed. The same observations apply to shell-splinters, which usually also had sharp angles. The changes in form in the projectiles arise from their striking bones, either fracturing or greatly contusing them. The mutual sympathy prevailing between the periosteum and the bone exerts great influence in the induction of the phlegmonous process. Acute osteomyelitis and periostitis so commonly lead to suppuration of the cellular tissue, that one as much as the other must be regarded as directly induced by the presence of these angular projectiles—these keeping up the phlegmon first induced by the injury to the bone.

Even when the projectiles injuring bones are unchanged in form, they usually exert a pyogenic influence, although this may not show itself until from two to eight weeks after the injury. The head of the humerus, the tibia, and ends of the femur are the localities in which projectiles that have undergone little change are most frequently found; and, although these are sometimes found embedded (*eingesellt*), yet this is extremely rare. The bone is usually crushed; but when this is not the case, still suppurative ostitis, periostitis, or articular inflammation is produced, sometimes very late and unexpectedly. When in such cases we are able to extract the ball without opening into a joint, a favorable result may ensue with extraordinary rapidity. Prof. Billroth refers to a case in which he extracted an entirely unchanged chassépot ball after opening an abscess on the right scapula, which had remained there for three weeks and escaped numerous attempts at detection. Another also unchanged ball was removed by a counter-opening made for a phlegmonous abscess in the back part of the leg, although it was stated with great positiveness that no bullet could have lodged there. These and other cases show that an un-

changed and smooth projectile, which has not come into contact with bone, may yet give rise to obstinate suppuration. In such cases, the violent tearing of the loose cellular tissue by these heavy metallic bodies is the chief cause of this. Light metallic bodies do not produce this effect, as has been already shown. Slight flesh wounds, however, were seen by Prof. Billroth only in very small numbers, as such patients were generally transported at once to the more distant hospitals. As the result of all these observations, the rule should be, where it can be accomplished without difficulty, to remove the ball at once, and not let it remain, without some very special grounds, and that independently of the joy the soldier always feels when he knows the ball has been extracted, and safely deposited in his purse. This rule applies almost exclusively to gun-shot wounds of the extremities, as seeking for balls within the great cavities or in the deep parts of the neck is seldom an allowable procedure.

For the extraction of balls, Dr. Billroth has almost always employed only long, strong bullet forceps, or polypus forceps; and, luckily, he had brought a great number of these instruments with him. The American bullet-forceps, as commonly made, is considered by himself, as well as by all his colleagues, as too weak, and possessing no advantage. He heard of some cases in which the diagnostic importance of Nélaton's porcelain sound was extolled, but the porcelain head of this should not exceed a large pea in size. He has several times removed balls from bones by means of the small elevators and rasps (*raspatorien*) which are used for sub-periosteal excisions. These instruments are also useful when we wish to turn a deeply placed ball in order to bring it better within the grasp of the forceps.

WHERE SHALL WE SEND OUR CONSUMPTIVE PATIENTS?—Every day the inquiry is made as to what locality on this coast is best adapted for a Sanitarium—a place for convalescents, invalids, and consumptives. That no one locality will suit all cases is a palpable truth. An individual threatened with phthisis might find health in the mountains, during the summer, where he might even “camp out” with benefit; or a journey in the saddle, or a sea voyage might restore his health. The same may be said of persons affected with dyspepsia and similar disorders. But delicate females, and consumptive patients in more advanced stages of disease, must seek relief elsewhere.

The summer winds of the bay and ocean climate are too chill; the interior is too hot and debilitating. There is a middle region, a narrow district skirting the bay, enjoying a medium climate. It embraces portions of the counties of Marin, Sonoma, Napa, Contra Costa, Alameda, Santa Clara, and San Mateo. But this is so often a battleground between the two climates, in which wind and mist on the one hand, and a broiling sun on the other, triumph alternately, that it does not supply the need. In the southern counties of the State is a range of territory some miles inland from the coast, which enjoys a more equable climate, both in summer and in winter. Los Angeles and San Diego are the two most attractive localities in this range, and the inhabitants of each place think their town the most salubrious spot on the globe. San Diego is more exempt from summer heat than Los Angeles, and being nearer the ocean has a more equable winter temperature. The inhabitants have secured a large stock of thermometers and pluviometers, and have become zealous meteorologists, and determined to demonstrate the unparalleled sanitary virtues of their growing burgh. Thus far San Diego has the lead in the race, and presents the strongest inducements to valetudinarians. But there is more to be learned on this important question, and the investigation belongs to the medical profession throughout the State. The organization of the State Medical Society, and the prospective meeting of the National Association in San Francisco, in May next, are vivifying some of our hybernating doctors, and bringing them out of their holes. We may expect, in the coming year, to acquire a creditable amount of knowledge of the climate of California in relation to health, and to have the question of a Sanitarium settled on a basis more definite than opinion and conjecture.—*Pacific Medical and Surgical Journal*.

OUTRAGE AT A WOMAN'S MEDICAL COLLEGE.—At Cleveland, during the present month, the body of a poor woman was carried to the Woman's Medical College, that the “lady students” might make a *post-mortem* examination. This was, at least, the reason alleged by them for making the request, and they pledged “their honors” that, after this examination was made, the body of the unfortunate woman should receive decent burial.

An Episcopal clergyman was accordingly engaged, and, at the proper hour, the holy and beautiful burial rites of the Episcopal

Church were performed. On reaching the cemetery, suspicion was aroused, from the fact that no grave had been prepared. The coffin was then opened and found to contain billets of wood. The body, the "lady students" had retained for their delectable entertainment! Apart from the revolting and repulsive enormities of such a scandalous transaction, and apart, also, from the abhorrent violations of a sacred pledge, how can any one, in terms sufficiently excoriating, denounce those who would thus deliberately have performed over a mass of wood, the most sacred and solemn rites known to man? Such appalling blasphemy is without precedent and beyond description. Where woman turns away from the beautiful field in which God has placed and man ever welcomed her, how soon she becomes lost to every instinct which brings to her sex its tenderest blessings and its most engaging characteristics. How watchfully should she scrutinize the actions of those who thus degrade her, and how swift should she be to secure for them, after their unwomanly orgies, a sure and adequate retribution. If this is not done, if these "lady students" do not receive from their sex their proper punishment, soon the modern female will furnish a novel and melancholy translation to that classic aphorism, *propter uterum est mulier*.—*Richmond and Louisville Medical Journal*.

INFANTILE PARALYSIS.—Dr. Volkmann, in a clinical lecture, of which an abstract is published in the *Lyon Medical* of Nov. 6th, opposes the doctrine that fatty degeneration is an essential factor in infantile paralysis. He says:—

"It has been erroneously held that the paralyzed muscles undergo rapidly a fatty metamorphosis (*atrophie graisseuse* of the French). It is true that the muscles frequently end by becoming invaded with fatty metamorphosis; but this latter may be wanting even in cases where the most complete paralysis has existed for more than a year. I have often examined totally paralyzed muscles in various cases of infantile paralysis, and have only once observed, marked fatty degeneration. At the most the primitive muscular fasciculi are seen to be finely punctuated, and their nuclei increased in number. Ordinarily there is more interstitial fat, and the fasciculi are more attenuated than in the normal condition. We cannot, therefore, admit with Duchenne de Boulogne that the degree of

the paralysis corresponds exactly with the intensity of the fatty degeneration."

Dr. Wm. A. Hammond, of this city, some years ago, took similar ground, regarding infantile paralysis as "an affection in which the muscles become atrophied and lose their irritability, without necessarily undergoing fatty degeneration;" and in a note to his translation of Meyer's *Medical Electricity* (1869), adduces two cases of over four years duration, in which he found the structure of the muscle unchanged, adding:—"I am hence led to the conclusion that fatty degeneration, though the ordinary result of organic infantile paralysis, is not an invariable consequence." We are not aware, however, that attention has hitherto been called to the increase of the interstitial fat as an ordinary phenomenon of the disease, such increase being distinguished from the replacement of muscular tissue by fat.—*N. Y. Med. Gazette*.

CONGENITAL MALFORMATION OF THE GENITAL ORGANS. By WHARTON SINKLER, M.D.—A male infant, aged three weeks, was brought to me at the Dispensary of the Episcopal Hospital, in the spring of 1869, with the following malformation of the genital organs, which the mother stated had existed since birth:—

The integument of the penis, instead of uniting in the median line on the under surface of that organ, was directly continuous with the scrotum, binding the penis closely down on the testicles, and giving it an extremely odd appearance. With this exception the penis was normal, and otherwise the child was well developed.

The mother was advised to wait until the child became older before any operation should be performed.

On June 9, 1869, the child being five months old, it was etherized by Dr. E. I. Santee, and I proceeded, with the assistance of Dr. J. H. Packard, at the residence of its parents, to perform the following operation. The skin was dissected up on each side of the penis for about one and a half inch, the corpus spongiosum and testicles being carefully avoided. The cut edges on the under surface of the penis and on the scrotum were then brought into accurate apposition by means of the hare-lip suture, a few strips of plaster used to support the whole, and a dressing of dry lint applied.

No retention of urine followed the operation, and in two weeks the cut surfaces were united, without any unfavorable symptom having occurred.

At the present time, the penis presents a natural appearance, although it is somewhat shorter than usual on the under surface, and has a slight tendency to curve downwards while in the flaccid condition; but when in a state of erection it becomes straight, and assumes a position at right angles to the body.—*Phil. Med. Times.*

INGROWING HAIRS FROM THE TRAGUS RESTING UPON THE MEMBRANA TYMPANI. By ROBERT F. WEIR, M.D.—In the year 1866, I noticed that a gentleman of my acquaintance, some sixty-odd years of age, whom I knew to have slight chronic simple catarrh of his ears, acted in a rather strange manner. He would, in the midst of a walk, or more frequently in conversation, suddenly and rapidly shake his head to and fro, inclining his right ear downward at the same time, in fact going through the motion that dogs and other animals do to shake the water or flies off. On asking him what was the matter, he said he felt something moving at times in his ear with a rattling, dry noise, especially in eating and yawning, and that it was extremely troublesome to him. He consented finally to let me look into his ear, and I found that several of the long hairs that sprang in abundance from the tragus had passed inward, and their free ends were resting in contact with the membrana tympani of the right side. The offending bodies could be seen to rub against the drum whenever the jaws were set in motion. There was no congestion visible of the canal or drum. The hairs were easily seized and removed, the attachment to their follicles being very easily overcome—whereupon he experienced immediate relief; though, since then, he has sought my assistance several times for a similar trouble affecting not only the same but the opposite ear. He was advised destruction of the hair-follicles, or, in lieu of this, epilation, and daily combing outward the hairs growing in this region.

Since then I have met with two similar cases—one in a middle-aged laboring man, and the other, as in the first case, in a man in advanced years. So far as my reading goes, these cases are unique, though undoubtedly they have been met with by other aurists.—*Transactions of the American Otolological Society.*

THE AGGREGATION OF BLOOD CORPUSCLES.—In a paper recently published by Dr. Norris, of Queen's College, Birmingham, the cause of the aggregation of the blood corpuscles in rouleaux is discussed. The cause, we

think, was not difficult to find if we reflect that all bodies, be they what they may, mutually attract each other to a certain point; but that, when they are not miscible, this point being attained, the attraction of the molecules of each body tends to keep it distinct from the other—the self-attraction is greater than the mutual attraction. All bodies floating in the sea ultimately reach the shore if there be no opposing force. As far as we know, the law of gravitation is universal, and applies to the infinitely small as well as to the infinitely great; and we do not see why blood corpuscles are to be exempted from the bonds of mutual attraction. That being so, the simple question arises, in what position will this be most powerfully exercised? The answer is plain, when their flattened surfaces are in contact—precisely the way they arrange themselves. But, furthermore, the pile they form could be only of limited length, for in a rouleaux of corpuscles there would be greater attractive power than in single ones, and these last would naturally arrange themselves at right angles to the rouleaux, and would in their turn form another, the two together forming a new centre of attraction, and thus a kind of network would be formed—precisely what takes place in the coagulation of blood. Dr. Norris seems to have overlooked the researches of the late Prof. Daniell on the subject of attraction and repulsion.—*Lond. Med. Times & Gaz.*

POISONOUS FERTILIZERS.—A correspondent calls attention in the *Scientific American* to a source of ill-health that we do not remember to have seen noticed before. Speaking of preparing animal manures by sulphuric acid, he says:

Common oil of vitriol is, as far as I know, the substance used by all manufacturers; but I think none but the chemically pure acid should be used. The common acid often contains a small quantity of lead and arsenic, both of which are known to be absorbed by plants when presented to their roots.

Dr. Edmund Davy, professor of agriculture and agricultural chemistry, in the Royal Dublin Society, published a paper, in 1859, calling attention to the danger of using manures containing arsenic; yet there has not, up to the present time, I believe, been a pure article of superphosphate of lime put in the market. I think the use, for the purpose mentioned, of acid containing arsenic or lead ought to be prohibited by law.—*Med. and Surg. Reporter.*

Medical Miscellany.

A REMARKABLE instance of long and faithful service by a member of our profession in a post requiring much labor and yielding probably no emolument, is recorded in the *Cortland Co. (N. Y.) Republican*. Dr. Geo. W. Bradford, of the town of Homer, in that county, after having held the office of secretary and treasurer of the Cortland County Medical Society from 1825 to the close of last year, then declined being a candidate for reelection, on account of an increasing difficulty of hearing. It is stated that his forty-five years' public service for the Society have not abated his zeal and interest in its success, and that he is still active in furthering its advancement. Dr. B. had held the same office in the Cortland County Bible Society for the last thirty-seven years, and declined a reelection in December for the same cause.

Dr. WILLIAM T. LUSK, of New York, has been recently appointed to the Chair of Obstetrics in Bellevue Hospital College. We learn with pleasure that his course of lectures on physiology, delivered before the medical class of Harvard University during the winter, have received the close attention of the gentlemen to whom they were addressed, and have won for him a well-deserved popularity.

GUARANA A SUBSTITUTE FOR TEA.—A late number of the *Pharmaceutical Journal* contains a paper on "Guarana," the seeds of a sapindaceous tree—the *Paullinia sorbilis*—which does not appear to have hitherto entered into European commerce. The guarana-yielding tree is found abundantly in the Amazonas. The fruit is scarcely as large as a walnut, and contains five or six seeds, which are roasted, then mixed with water, and moulded into a cylindrical form, resembling a large sausage, and finally dried in an oven. Before being used it is grated, and then resembles cacao. Two spoonfuls of the powder are mixed in a tumbler of water, and this drink is regarded as a stimulant and nerve tonic. Like strong tea or coffee, it is said to take away the disposition to sleep. The active chemical principle is an alkaloid that Dr. Stenhouse has shown to be identical with theine. Guarana contains more than double as much of this alkaloid as good black tea, and five times as much as coffee, the proportion being 5.07 per cent. in guarana.—*Lancet*.

PETROLEUM AS A DRESSING FOR ULCERS AND WOUNDS.—Prof. Fayrer, of Calcutta, has recently used petroleum, or earth-oil, as an external application to wounds and ulcers, with good results. Dr. Fayrer states that petroleum—which resembles carbolic acid in its action—is deodorant, antiseptic, stimulating and detergent, and that it possesses the power of limiting suppuration. Prof. Fayrer uses petroleum either undiluted or diluted with equal parts of oil or glycerine.—*Australian Medical Gazette*.

LIQUEUR DE VILLATTO.—M. Nélaton (*Union Med.*) recommends the subjoined modification of the liqueur de villatto as an injection to be thrown into the fistulous tracts connected with carious bone: Acetic acid, 100 parts; sulphate of copper and sulphate of zinc, of each 10 parts; acetate of lead, 5 parts. The solution requires shaking before using it, on account of the considerable precipitate.—*N. Y. Med. Record*.

TO CORRESPONDENTS.—Communications accepted:—Homoeopathic Life Insurance.—Attempted Suicide by Swallowing Broken Glass.—Case of Meningeal Rheumatism, simulating Cerebro-spinal Meningitis.

BOOKS AND PAMPHLETS RECEIVED.—Modern Therapeutics: A Compendium of Recent Formulas and Specific Therapeutical Directions. By Geo. H. Napheys, A.M., M.D., Philadelphia. Second Edition. Revised and Improved. Pp. 412.—Report of the Board of Health of the City of Chicago for 1867, 1868, 1869, and a Sanitary History of Chicago from 1833 to 1870. Pp. 332.—Report of the Trustees and Superintendent of the Butler (R. I.) Hospital for the Insane, presented to the Corporation at their Annual Meeting, Jan. 25, 1871. Pp. 30.—Annual Report of the Superintendent and Physician of the New York State Inebriate Asylum, Binghamton, N. Y., for the year 1870. Pp. 39.

MARRIED.—In this city, 15th inst., William M. Ballard, M.D., of Brooklyn, N. Y., to Miss Sibbel A. Duff, of Boston.

DIED.—At Montreal, P. Q., 7th inst., Dr. John Teasdale, aged 69 years.

Deaths in seventeen Cities and Towns of Massachusetts for the week ending Feb. 18, 1871.

Cities and towns.	Total.	Con- sumption.	Prevalent Pneum- onia.	Diseases. Scarlet Fever.	Croup & Diphtheria.
Boston . . .	129	17	20	6	6
Charlestown .	7	1	1	1	0
Worcester . .	22	3	1	2	2
Lowell . . .	21	7	0	4	1
Chelsea . . .	8	3	1	0	0
Cambridge .	13	2	2	0	1
Salem . . .	6	1	1	0	0
Lawrence . .	3	1	1	1	0
Springfield .	8	3	1	0	0
Lynn . . .	12	3	1	0	1
Fitchburg . .	2	0	0	2	0
Taunton . . .	4	1	0	0	1
Newburyport .	3	1	0	0	1
Somerville . .	2	1	0	0	0
Fall River . .	9	2	1	0	0
Haverhill . .	6	1	1	0	0
Holyoke . . .	6	1	0	1	2
	260	48	31	17	15

Holyoke reports one death from smallpox.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, Feb. 18th, 129. Males, 72; females, 57. Accident, 2—apoplexy, 4—inflammation of the bowels, 2—bronchitis, 4—disease of the brain, 3—cyanosis, 1—cellulitis, 1—consumption, 18—convulsions, 6—croup, 5—debility, 6—diarrhoea, 1—dropsy, 3—dropsy of brain, 3—diphtheria, 1—scarlet fever, 6—typhoid fever, 1—gastritis, 1—disease of the heart, 6—infantile, 2—intemperance, 6—disease of the kidneys, 4—laryngitis, 1—disease of the liver, 1—congestion of the lungs, 3—inflammation of the lungs, 17—marasmus, 5—old age, 2—paralysis, 1—pleurisy, 1—premature birth, 1—puerperal diseases, 2—suicide, 1—disease of the spine, 1—tumor, 1—whooping cough, 1—unknown, 4.

Under 5 years of age, 49—between 5 and 20 years, 6—between 20 and 40 years, 40—between 40 and 60 years, 14—above 60 years, 20. Born in the United States, 89—Ireland, 29—other places, 11.

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No. 30 North William Street, New York.

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This oil possesses not only the nourishing properties of Cod Liver Oil, but also the tonic stimulant, and alterative virtues of IODINE, BROMINE AND PHOSPHORUS, which are added in such proportions as to render FOUGERA'S COD LIVER OIL FIVE TIMES stronger and more efficacious than pure Cod Liver Oil, saving therefore TIME, MONEY, SUFFERING and LIFE.

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(COMP. DRAGÉES OF SANTONINE.)

Santonine, the active principal of *Semen contra*, (European Wormseed) occupies the first rank among the anthelmintic remedies. In this preparation the Santonine is combined with a purgative agent and is at once pleasing to the eye and efficacious. For several years many of our principal Physicians in all parts of the Union have expressed themselves highly pleased with the efficacy and elegance of this vermifuge. Each dragee contains one half grain of Santonine and one fifth grain of Gambogine.

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Nos. 1 and 2.

A most useful, convenient, and desirable preparation, always ready for immediate use. Clean, prompt in its action, and keeps unaltered in any climate; easily transported and pliable, so as to be applied to all parts and surfaces of the body. It is prepared of two strengths:—No. 1 of pure mustard; No. 2 of half mustard. Each kind put up separately, in boxes of ten plasters, cut or in rolls.

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(ICELAND MOSS AND LACTUCARIUM.)

Used with great success against Nervous and Convulsive Coughs, Hooping Cough, Acute Bronchitis, Chronic Catarrh, Influenza, &c.

Wakefulness, Cough and other sufferings in Consumption are greatly relieved by the soothing and expectorant properties of this Paste.

LANCELOT'S CIGARETTES
FOR ASTHMA.

It suffices to *inhale* the smoke of these Cigarettes to experience immediate relief.

All nervous affections in general, and especially those of the chest, are often cured, and always relieved by the use of Lancelot's Cigarettes.

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Iodo-Ferro Phosphated Elixir of Horse-Radish.

This Elixir, acting as a diuretic, tonic, stimulant, emmenagogue, and a powerful regenerator of the blood, is a most invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood.

By stimulating the energy of the digestive organs, through the action of the horseradish etc. by supplying vital fluid with the elements it requires iron and phosphorus; by carrying into the economy the alterative agents, iodine and sulphur, it brings life and vigor through the whole system.

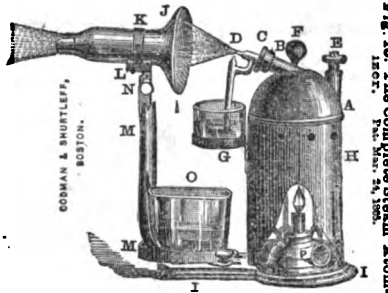
CODMAN & SHURTLEFF'S

APPARATUSES FOR

Atomization of Liquids for Inhalation, Local Anæsthesia, &c.

By the Atomizer any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air cells, thus opening a new era in the treatment of all diseases of the Throat and Lungs.

The Complete Steam Atomizer for Inhalation, &c.



The waste-cup, medicament-cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.

It cannot be injured by exhaustion of water, or any attainable pressure of steam.

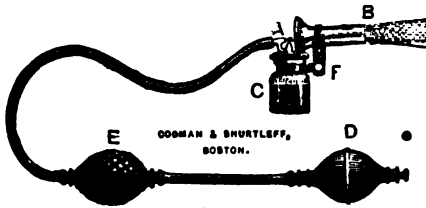
It does not throw spirits of hot water, to frighten or scald the patient.

Is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will tender the best of service for many years, and is cheap in the best sense of the word.

Price, \$6. Neatly made, strong, Black Walnut Box, with convenient handle, additional \$2.50.

Fig. 5. Shurtleff's Atomizing Apparatus.



For Inhalation, and with suitable tubes, for Local Anæsthesia, and for making direct local applications of atomized liquids for a great variety of purposes. [See our Pamphlet.]

The most desirable Hand Apparatus.

Rubber warranted of very best quality. Valves of hard rubber, every one carefully fitted to its seat, and work perfectly in all positions.

The Bubbles are adapted to all the Tubes made by us for Local Anæsthesia in Surgical Operations, Teeth Extraction and for Inhalation. Price, \$4.50.

Each of the above Apparatuses is supplied with two carefully made annealed glass Atomizing Tubes, and accompanied with directions for use. Every Steam Apparatus is tested with steam, at very high pressure. Each Apparatus is carefully packed for transportation, and warranted perfect. Also,

THE BOSTON ATOMIZER, with two glass atomizing tubes, \$3.00

THE TREMONT ATOMIZER, with two glass atomizing tubes, 2.50

NICKEL PLATED TUBES, for Local Anæsthesia and for Inhalation, each 2.00

RHIGOLENE, for Local Anæsthesia, best quality, packed, 1.00

NASAL DOUCHES, for Treating Diseases of the Nasal Cavity, eight different varieties, each with two Nozzles, packed, \$1.20, 1.50, 1.75, 2.00, 2.50 and 3.50

N. B. To save collection expenses, funds should be sent with the order, either in form of draft, post-office order, or registered letter.

For complete illustrated price-list of Apparatus, Tubes, &c., see pamphlet.

Will be sent by mail (post-paid) on application,

A PAMPHLET

containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," with formulae of those successfully employed. Also an article by Dr. J. L. W. TUDICRUM, M.R.C.P., on "A New Mode of treating Diseases of the Nasal Cavity," with his formulae. Also an illustrated description of the best apparatus for the above purposes, and for producing LOCAL ANÆSTHESIA by Atomization with Ether, by the method of Dr. RICHARDSON, of London; or with Rhigolene, as described by Dr. HENRY J. BULLOW, in the Boston Medical and Surgical Journal of April 19, 1866.

All our Atomizing Apparatus is made with the utmost care, with a view to its complete efficiency, convenience and durability, and every one is warranted. A Gold Medal has lately been awarded us by the Middlesex Mechanics' Association for Atomizing and Surgical Instruments, as will be seen from the following report, signed by a leading New-England Surgeon and Physician:

"1503. CODMAN & SHURTLEFF, Boston, Mass. One Case Surgical Instruments and Atomizers.

"The Committee have no hesitation in awarding for this superb exhibition the highest premium. The various other instruments for Inhalation of Atomized Liquids, and for Local Anæsthesia, were all apparently faultless, both in design and workmanship. The exhibitors are regarded as more especially deserving of the highest token of merit for having produced nothing except of their own manufacture. Gold Medal.

(Signed) GILMAN KIMBALL, M.D., Chairman."

Also by the Mass. Charitable Mechanics' Association—Exhibition of 1869—A SILVER MEDAL, the highest medal awarded for Surgical Instruments.

ALSO FOR SALE:

*Cammann's Stethoscopes, Disarticulating,	\$7.00
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Brown's Universal Tractors, each	50
Bigelow's Polypus Forceps.	
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Warren's Uterine Diagnosticator.	
Simple Throat Mirrors	1.00
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*Miller's Intra-Uterine Scarificator, in case (post-paid)	7.00
Pinkham's Improved Uterine Scarificator, in case,	8 00
Lente's Intra-Uterine Caustic Instruments	1.25 to 3.50
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*Dr. Cutter's Retroversion and other Pessaries	3.00
French Rubber Urinals, with valves, male, for night or day,	6.00
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Dr. H. R. Storer's Combined Speculum	6.00
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Apparatus for Paracentesis Thoracis, approved by Dr. Bowditch and accompanied with directions kindly furnished by him.

Instruments made to order, Sharpened, Polished and Repaired.

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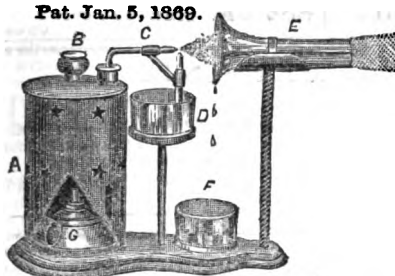
Makers and Importers of Surgical and Dental Instruments

13 & 15 TREMONT STREET, BOSTON

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LEACH & GREENE'S IMPROVED STEAM ATOMIZER.

Pat. Jan. 5, 1869.



A, metal case containing copper boiler and lamp G for generating steam. B, safety-valve and tube for supplying boiler with water without removing atomizing tubes. C, glass atomizing tubes with flexible metal connections, giving increased strength and allowing adjustment of the points. D, medicine cup. E, glass face shield. F, cup to catch drippings from face shield. G, lamp.

We have entirely remodelled our former apparatus, making several important improvements, and we now offer it to the profession as the cheapest, most durable and efficient apparatus in use. Every part is constructed with the utmost care from the best materials, and is tested by us personally. Leach's Improvement in Atomizing Tubes, for which a patent has been granted, possesses decided advantages over any in use. This improvement secures the glass tubes from movement in the flexible metal connections, which allow adjustment of the points, and render them less likely to break.

Price of Improved Steam Atomizer, complete, \$4.

The Spray Producer, or Instrument for Local Anæsthesia.

A modification of Richardson's original instrument, applicable for Freezing, with Ether or Rhigolene, on for Inhalation in diseases of the Throat or Lungs.

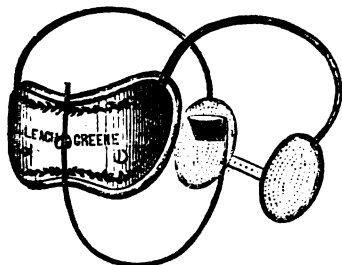
Price of Apparatus, with extra large Bergson Tube, \$5.

Dr. Clark's Atomizer, consisting of two glass Bergson tubes, with metal connections and flexible rubber bulbs, operated by the hand, neatly packed in box. Price \$3.50.

A New Apparatus for Inhaling Chloride of Ammonia in its pure or nascent state, as described in Braithwaite for January, 1868. In neat black walnut case. Price, \$5.

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The cup is of Hard Rubber, supported by a flexible wire electro-plated with gold, is free from liability to corrosion, will not irritate, can be moulded to fit the form of the Pelvis.

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Endoscopes,	30 00	Lente's Intra-Uterine Caustic Instruments,	1 25 to 3 50
Surgeons' Pocket Cases,	\$10 to 36 00	French Rubber Urinals, with valves, male, for night or day,	\$6 00
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ELASTIC HOSE—A large assortment constantly on hand; also made to measure when required. Trusses, Supporters, Shoulder-Braces, Suspensories, Syringes, Catheters, Bougies, Sayre's Splints, Galvanic Batteries, Crutches, &c. &c.

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Prepared with the most scrupulous care, under the immediate supervision of Prof. Leconte, M. D. Pharmacist of the First Class, Ex-Preparator of the course of Physiology, at the College of France.

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The therapeutical value of this Pepsine in all disorders of the stomach, resulting from the inability of this organ to digest and assimilate food cannot be over estimated. It is used daily with great success in *Dyspepsia, Slow and Difficult Digestion, Gastralgia, Debility of the Stomach*, from old age or from abuse of liquors, and in *Vomiting during Pregnancy*.

Physicians will please notice that GRIMAULT'S PEPSINE may always be relied upon. Its digestive power, being physiologically tested by Mr. Leconte, late assistant to Claude Bernard, is always the same.

DR. LERAS' PHOSPHATE OF IRON, In Solution, Syrup or Sugar Coated Pills.

A pleasant combination of Pyrophosphate of Iron and Soda, colorless and tasteless. It is readily assimilated and used with great success in *Chlorosis, Anæmia, Dysmenorrhæa, etc.*, replacing all other ferruginous preparations. It never causes constipation.

SYRUP OF HYPOPHOSPHITE OF LIME, DR. CHURCHILL'S PRESCRIPTION.

Prescribed by the most distinguished physicians for *affections of the lungs, Phthisis, etc.* Each tablespoonful contains two grains of the pure hypophosphite.

Also Syrup of Hypophosphite of Soda, of Iron, and of Manganese.

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A pleasant substitute for Cod Liver Oil, prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodine, so intimately combined as to be insensible to the action of starch.

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Prepared from the *Paulinia Sorbilis* of Brazil. It is a sovereign remedy in *Headache, Neuralgia, and Diarrhæa*.

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A new preparation of the leaves of Matico, of more certain effect than most of the medicines recommended for the same class of diseases. The capsules contain the essential oil of Matico, combined with the balsam of Copaiba, and do not cause any unpleasant eructations. The injection is prepared with distilled water saturated with Matico.

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This new combination unites, in a small volume and an agreeable form, two elements which have never before been blended—Red Peruvian Bark, the best of tonics, and Iron, which forms the base of the blood. It is especially suitable for lymphatic or delicate persons, and in all cases for which Bark and Iron are usually prescribed.

Digestive Lozenges and Powders of the Alkaline Lactates. (SODA AND MAGNESIA.)

Of BURIN Du BUISSON.

The researches of Dr. PETREQUIN, Prof. at the School of Medicine of Lyons, aided by Mr. BURIN Du BUISSON, the eminent chemist, have established beyond a doubt the *special Adaptation of the Alkaline Lactates* to the treatment of functional diseases of the digestive organs. These preparations will be found very beneficial in *imperfect and laborious digestion, heartburn, gastralgia, loss of appetite, nausea, distention of bowels and stomach*. They are more certain and less irritating than Calined Magnesia, or preparations having Charcoal, Bismuth, or bicarb. of Soda for their basis.

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Ferromanganic Powder, for effervescent water.
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Syrup of the Proto-Iodide of Iron and Manganese.
Pills & Dragees of the Proto-Iodide of Iron & Manganese.
Manganic Iron reduced by hydrogen.

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VACCINE VIRUS—From healthy country children, not syphilitic, to vaccinate ten persons, 60 cents; twenty, \$1. One crust, \$2. Cowpox crust, \$3. Packed in air-tight envelopes to send any distance. Should a failure happen, a fresh supply will be sent gratis.

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| Pill Aloin cum Ferro, | Known as Eclectic Pills. |
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S1-4f

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The large number of infants daily vaccinated enables him to be most choice in his selection, as well as to test the comparative merits of any "stock" or "stocks," which his official position enables him easily to obtain, either in this country or Europe.

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Manufacture the following articles, to which they urge the attention of the

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- Eliz. Calisaya, Iron and Bismuth.
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☐ No connection whatever with inferior government legs.
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He has permission to refer to the following gentlemen:

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| Dr. C. A. Walker, | Dr. J. E. Tyler, |
| Dr. D. H. Storer, | Dr. H. I. Bowditch, |
| Dr. C. E. Buckingham, | Dr. R. M. Hodges. |

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D1-1y

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References:

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S29-4f.

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CENSORS OF SUFFOLK DIST. MED. SOCIETY.—In accordance with the following By-Laws, the Censors of the Suffolk District will meet at the house of Dr. B. Joy Jeffries, 15 Chestnut Street, Boston, Friday afternoon, March 8, 1871, at 4 P.M.

Extracts from By-Laws:

"I. Any person may be admitted a member of the Massachusetts Medical Society, who shall have passed a satisfactory examination before a Board of Censors, as to his credentials, personal and medical qualifications, and character, and shall have signed the By-Laws.

"The candidate shall be a person of sound mind, and of good moral character; shall be not less than twenty-one years of age; shall have such an acquaintance with the Latin Language as is necessary for a good medical and surgical education; and shall have acquired the principles of geometry and experimental philosophy." He shall have studied three full years under the direction, and shall have attended the practice, of some respectable physician or physicians. He shall have attended two full courses of lectures on anatomy, physiology, chemistry, materia medica, midwifery, and the theory and practice of medicine and surgery.

"No person shall hereafter be admitted a member of the Society who professes to cure diseases by Spiritualism, Homoeopathy or Thomsonianism.

"II. Candidates shall be examined, at any stated meeting of Censors, in each and all the branches mentioned in Article I. of the By-Laws. If the examination be satisfactory to the major part of the Censors present, the candidate shall be admitted a Fellow; but, if unsatisfactory, he shall not be re-examined by any Board of Censors in less than six months.

"XX. The Censors of the Suffolk District Society shall officiate for that District and for the Society at large; and shall meet, for the admission of Fellows, in Boston, on the Thursday next preceding the annual meeting of the Society, on the days succeeding the examinations of the Medical Department of Harvard University, and on the day of the annual meeting of the Society."

Resolves of June 17th, 1863.—"That the Censors at Large are hereby instructed not to admit into the Society any person who is a resident, or in practice, in any district except their own."

No fee is attached to the admission of a Fellow.

B. JOY JEFFRIES, M.D.

Sec'y Suffolk Dist. Board Censors Mass. Med. Soc.

* It is understood that he be able to translate the select Orations of Cicero, the *Æneid* of Virgil, or the medical writings of Celsus, and the formulae of the Pharmacopoeia of the United States; and that he have a knowledge of Euclid's, Ptolemy's or Loomis's Elements of Geometry; also of Golding Bird's or Olmstead's Natural Philosophy, or the Cambridge Course of Physics.

If the candidate be a graduate of any college, the examination in these branches may be dispensed with. F16—2.

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Jy 18—U

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A carefully prepared unfermentable Extract of Pure Malt, particularly recommended as a highly nutritious and strengthening Tonic or Food for Invalids and children.

It is also excellent in *Chronic Dyspepsia, Constipation*, and affections of the stomach and intestines, and can be retained in the stomach when farinaceous or other food cannot be borne.

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Q7—U

CHARLES H. SPRING, M.D., has removed to
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Special attention given to the Treatment of Diseases of the Spine &c.

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No. 9 Hamilton Place, Boston, Feb. 1, 1869 F4—U.

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Jan. 19—U.

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May 30, 1868.

Je. 11—U.

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Mar. 3

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

FRANCOIS H. BROWN, M.D., EDITOR.
H. H. A. BEACH, M.D., ASSISTANT EDITOR.

Whole No. 2848. }
Vol. LXXXIV. }

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Vol. VII.—No. 9.

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HARVARD UNIVERSITY. Medical Department, Boston, Mass.

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Nov. 3—

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[Continued on next page.]

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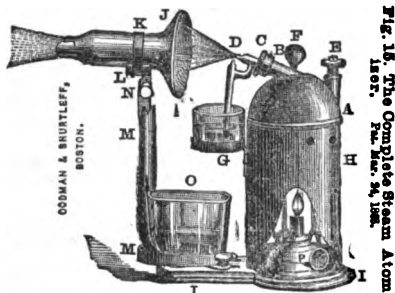


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BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, MARCH 2, 1871.

[VOL. VII.—No. 9.]

Original Communications.

SOME PECULIAR CASES OF OVARIOTOMY, WITH THE DESCRIPTION OF A NEW METHOD OF TREATING THE PEDICLE.

By WILLIAM WARREN GREENE, M.D., Professor of
Surgery in the Medical School of Maine, &c.

FROM among some recent cases of ovariectomy, I have selected the following as possessing points of special interest. I shall only give such details as are necessary to bring the peculiar features of each fairly into view.

CASE I.—This was a married lady of 40 years, with a unilocular cyst. So uniform and extreme was the distention that an experienced surgeon had diagnosed ascites. The tumor was removed in the usual manner. The second ovary being the seat of incipient cystic degeneration, was also excised, and the ligatures from either pedicle carried through the *cul de sac* of Douglass. These separated slowly, with a good deal of suppuration, the last one coming away on the twenty-eighth day after the operation. During this period the patient suffered a severe attack of phlegmasia dolens of the left side, from which she did not fully recover until after the extrusion of the last ligature. For nearly the same length of time there was retention of urine and a curious discharge of pus from the bladder, the latter appearing about the tenth day. From first to last there were no subjective symptoms of cystitis, or any sign of other cystic derangement than retention from paralysis, except that after emptying the bladder of clear, normal urine, there ran out through the catheter a quantity of pure laudable pus, varying in quantity at different times from half an ounce to an ounce and a half. *This was never mixed with the urine.* This condition, like the phlebitis, gradually subsided, and the patient made a good recovery. At the return of the catamenial period, she experienced the usual premonitory symptoms and a flow of blood

from the vagina, lasting a few hours. This has not been repeated.

For a record of the case subsequent to the operation, I am indebted to my friend Dr. Kimball, of Bridgeton, to whose unremitting care and praiseworthy skill this woman owes her recovery.

It is now two years since, and the lady remains in excellent health.

It is an important question whether or not the phlebitis in this case was due to the proximity of the ligatures to the uterine plexus of veins. The same complication has occurred in two other cases of mine on the same side of the pedicle, the ligatures being carried through the vagina, and the phlebitis occurring on the same side as the pedicle. In this instance, the fact of its appearing on the left side argues nothing, as both ovaries were removed. The same thing has happened in the practice of several of my friends, and in all the cases which have come to my knowledge the ligatures were similarly disposed of. It therefore becomes important to know whether this particular disposition of the ligatures favors this accident, and to what degree, as compared with other methods of dealing with the pedicle. None of the three cases in my practice have proved fatal. This is the fourth case in which I have removed both ovaries. All have recovered, and all have presented the same menstrual phenomena subsequently; one at two successive periods.

When we remember the frequency with which incipient disease of the second coexists with developed disease of the first, and the great liability therefore that the same error of nutrition that produced the first tumor will subsequently determine the formation of a second, is it not better always to excise both, and so put the patient beyond the possibility of a repetition of so fearful an ordeal? While at present holding this question open in my own mind, I am nevertheless inclined to answer it in the affirmative. Case V. forcibly illustrates the importance of this question.

CASE II.—Mrs. —, aged 37; had borne two children, and in the winter of 1868–69

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[WHOLE No. 2248]

supposed herself pregnant again, having her ordinary symptoms—suppression of the menses, gastric disturbance, &c. In April following, she was sure she felt “quickening,” and although somewhat undecided as to dates, looked forward to mid-summer as the probable time of her deliverance. But although she continued to enlarge and to feel the “motions” very distinctly, as she affirmed, yet summer passed into autumn, and no signs of labor appeared. She also had an occasional slight menstrual flow at irregular intervals. Her health now gave way, the distention and weight became oppressive, and she suffered from frequent attacks of peritonitis. About the first of November, 1869, she came under the care of my colleague, Prof. Wm. C. Robinson, of this city, who asked me to see her. I found her very feeble, emaciated, with a rapid, small pulse, and much abdominal tenderness—so much so as to render a thorough examination impracticable. It was evident, however, that instead of being *enceinte* she had a large tumor, either ovarian or uterine, with considerable ascitic accumulation. She still persisted that she distinctly felt the motions of her child, and it was several days before she could be gently and gradually disabused of the idea. This being done, she was tapped, and about eighteen pounds of fluid removed; two thirds of this was serous, and the remainder the chocolate-colored contents of an ovarian tumor. The peritoneal fluid was allowed to escape before the cyst was punctured. There still remained a large mass, which was diagnosticated as a multilocular ovarian tumor, made up of small cysts, and apparently firmly adherent. She got considerable temporary relief, but within two weeks was as large as before, suffering fearfully, and she rapidly reached a point where she was confined to the bed, with a pulse of 130 per minute, the digestive organs being so crowded as to refuse their office. In this forlorn condition, the patient begged for an operation. She seemed profoundly impressed with the idea that she should survive it and recover, and was really, I think, the most impatient person for surgical interference I have ever seen. Both herself and friends were told plainly that the probabilities were entirely against her, either as regarded the immediate shock of the operation or ultimate recovery. But so pertinaciously did they cling to the possibilities, that it was deemed proper to attempt extirpation of the growth. Accordingly, with the assistance of Drs. Robinson, Gerrish, Hunt, B. B. Foster and Yates, I

operated. Upon exposing the tumor, it was found to be an ovarian polycyst, very firmly adherent in all directions. The marked peculiarity was that at the upper portion, above the cyst which had been tapped, lay another, which had ruptured and discharged a large part of its contents into the peritoneal cavity. The contents may be best described as curdy and gelatinous matters intermixed, the firm caseous material predominating, lying in the half-emptied sac, and coating the viscera and parietal layer of the peritoneum. So abundant was this, and so intimately attached, that after removing the tumor in the usual way, it was almost impossible to clear away this aplastic matter thoroughly. At many points, masses were peeled off as thick as the hand, and from one to two inches square. The ligatures were brought through the lower angle of the wound, which was closed by interrupted silver sutures, and a large compress of cotton wool applied and secured by a binder. The ligatures were thus disposed of for the reason that I anticipated a necessity of much washing of the abdominal cavity on account of the peculiar nature of its contents. The operation was perfectly borne, no shock whatever, and the following night was more comfortable than any she had experienced for weeks. There was a moderate oozing of reddish serum for forty-eight hours, when it was replaced by a flaky, puriform discharge, which soon became offensive. The odor was corrected by carbolic solutions, with which the cavity was thoroughly washed night and morning; and so grateful were these blood-warm injections that she was impatient for the time when they were to be used. For eight days she lay comfortable, cheerful and hopeful, but unable to retain anything like the amount of nourishment she required. She craved, but could not appropriate it, on account of the weak and irritable condition of the stomach, and upon the eighth day she sank from asthenia.

The points of especial interest in this as in each case will of course be obvious to the reader. I cannot refrain from saying, however, that had this lady been operated upon a few months earlier, in all probability she would have recovered. She almost turned toward convalescence as it was, and if she could have been relieved before her health was completely destroyed, her confidence, will and tenacity to life would have given her a large percentage of chances.

In ovariectomy, wait till the system bends under the burden so much that the operation

shall relieve instead of shocking it, but don't wait till it breaks.

CASE III.—Mrs. P., aged 35, came to consult me with her physician, Dr. Stockbridge, of Bath, in October, 1869. Her whole appearance and manner entirely sustained the reputation which she bore as a woman of wonderful energy and endurance. She said that she had always enjoyed uninterrupted health, but for two or three years had been "growing stout." It seemed, however, upon inquiry that this change was confined entirely to the abdomen, and had been sufficient to elicit jocose remarks from her lady friends. (She had never borne children.) She thought but little of it, and for it did not consult a physician. In June, of 1869, after attending a meeting in the open air, and standing for a long time on the cold, damp ground, she was seized with acute peritonitis and sent for Dr. Stockbridge. The disease was of the most acute and sthenic type, and only yielded to the most prompt and heroic treatment. As the inflammation subsided, enormous ascitic accumulation took place, the most extreme, Dr. S. declared, that he had ever seen. This continued undiminished, her health constantly improving, until September following, when it suddenly began rapidly to diminish. As the general swellings subsided, she discovered a firm mass in the bowels, to which she called the doctor's attention, and which was the first intimation to herself or physician of any tumor.

Upon examination, I found still quite a large accumulation of fluid in the peritoneal cavity, in which floated a hard tumor, which was pronounced ovarian. She was anxious for immediate removal. My advice, in which Dr. Stockbridge concurred, was to wait until the signs of constitutional impression were unmistakable, and then submit to the operation if she so elected. In February, 1870, Dr. S. wrote me, saying that he felt sure the time had come for the operation, and accordingly, with the assistance of Drs. Stockbridge and Fuller of Bath, Hill of Augusta, and Gerrish of Portland, I removed the tumor. She was in good spirits on the morning of the operation, and the case seemed very promising.

On opening the abdomen, by a short incision, several ounces of serum escaped, when the opening filled with a firm, clear, gelatinous substance. The incision was now extended upward, and the same substance was found covering the tumor and viscera everywhere, and adherent more or less to the parietes. A careful examination was now instituted, which revealed the fact

that the tumor was a multilocular cyst of the ovary, all the cysts being very small, with a large amount of firm, fibrous stroma, except one at the upper part of the mass. This was of large size and had ruptured, pouring out this jelly-like matter into the general cavity of the abdomen. The tumor was removed, the ligatures brought out at the lower angle, and an attempt made to cleanse the cavity of this peculiar material. *It was as consistent as common wine jelly,* and although the utmost pains were taken to remove every particle, yet so extensively diffused and so viscid was it that we could only approximate to perfect cleanliness. The wound was dressed as in the other cases, and an unfavorable prognosis given. She sustained no shock of consequence, but died on the fourth day, of peritonitis.

Was it possible to have diagnosed this condition *ante sectionem*?

Was it in Case II.? In what proportion of cases where peritonitis occurs, is there rupture of a cyst?

CASE IV.—Miss —, aged 20, had noticed "an unusual fulness of the bowels" for two years or more, but thought little of it until the winter of '69-70, when it increased rapidly, and strength and flesh began to fail.

I saw her by request of her physician, Dr. N. T. Palmer, of Brunswick, on the first of May following, and found her prostrate and suffering exceedingly from abdominal distention, which was general and uniform, with distinct fluctuation at every point. So great was the tension compared with the size, that we concluded it to be probably an ovarian sac. Tapping relieved her of 20 pounds of chocolate-colored fluid, thus verifying the diagnosis. After this operation, not a sign of a sac or anything abnormal could be felt within. The sac re-filled in three weeks, before she had time to recover her strength; and with a perfect knowledge of the risks, she and her friends decided to bide the issue of extirpation. The operation was made with the assistance of Drs. Palmer, Lincoln and Mitchell, of Brunswick, Prof. A. B. Palmer, of the Medical School of Maine, Dr. Gerrish, of Portland, and Geo. W. Foster, student. The exploratory incision revealed a single cyst of the right ovary, with exceedingly thin walls, and free from adhesions anteriorly. After evacuating its contents, I found to my great dismay that posteriorly and superiorly, to stomach, intestines and liver, it was so firmly adherent that I did not think it possible to separate it. At least, all the force I dared to use lest I rupture either

sac or viscera—and I am accustomed to breaking up firm adhesions in this locality—failed to produce any effect. I now took a female catheter with large eyelets, and introducing it into the sac, I drew out so much of the cyst as was practicable without too much tension, and wound that portion which was thus brought within the lips of the wound (at its dependent portion of course), firmly upon the catheter with three turns of silver wire, the two ends of which were used for the last suture; I now cut off the extruded portion of the sac. The catheter was supported laterally by adhesive plaster, stopped with a cork, and the wound dressed as usual. She rallied well, and passed a good night.

Every 4 hours the cork was removed, and the fluid allowed to run off. For 48 hours this varied from 2 to 4 ounces of deep chocolate liquid, highly albuminous. It then gradually became puriform, and at last quite laudable pus. At the same time it diminished in quantity. Although very feeble, she progressed without any bad symptoms. The catheter was removed on the twenty-fourth day, and a tent introduced, which was renewed daily. During the summer and early autumn, she slowly but steadily improved in strength and flesh. In October, she complained of pain and soreness in the lumbar region, and flagged a little. I saw her about the first of November last, and found tumefaction and deep fluctuation at the painful point in the right lumbar region. A quickened pulse and failure of strength, although still able to walk and ride, made me, as well as Dr. Palmer, fearful that we were to have serious trouble. She had been constantly taking iron; chlorate of potash was now added, and a general tonic plan urged. In a very few days the discharge, which had been for a long time very slight, suddenly increased, was purulent in character, the lumbar distress and swelling disappeared, and she rapidly improved in health.

She is now in this city visiting her friends, and was in my office last week. The opening is closed. The abdomen is perfectly normal to all appearance, except that underneath and around the scar of the opening which has just closed, the remains of the sac can be felt over a space three inches square. She eats, sleeps, walks, rides, and lives like other people, has all her functions perfectly performed, and is the picture of health.

It should be borne in mind that here, as always, I dressed the parts after closing the wound with a thick compress of cotton

wool confined with a binder: in other words, with firm, even, elastic pressure.

In the after-treatment, much credit is due not only to her attending physician, but to Drs. Gerrish and B. B. Foster, of this city, and Messrs. G. W. Foster and Frank Bibber, students.

Should any ulterior changes of interest in connection with this case come to my knowledge, I will promptly report them.

CASE V.—Miss —, aged 40. Sustained the removal of a multilocular cyst of the left ovary in the summer of 1868. The operation was performed by a distinguished ovariologist, and her recovery, although slow, and for some time very doubtful, was ultimately perfect. In the autumn of 1869, she began to enlarge again slowly.

In January, 1870, she suffered a severe attack of peritonitis, from which she recovered under the care of her physician, Dr. Gilman Davies, of this city. From this time the development went steadily on, as in the first case, and by the following September she had failed in flesh and strength in a marked degree, and suffered much pain. About the last of September, she consulted the surgeon who removed the first tumor and he pronounced this one malignant, said that nothing could be done, and that she could live but a few weeks. The result of such an announcement was a terrible shock to her nervous system, from which she never recovered. Previously courageous and hopeful, and possessed of extraordinary energy, she was now seized with a rigor and faintness which lasted her during her journey of one hundred miles home. She lost all appetite, took her bed, made her will, and as best she could prepared for a speedy dissolution. For three weeks she lay in this prostrate, wrecked state, suffering a great amount of pain, on account of which, as well as her mental condition, she got hardly any sleep. At the end of this time I saw her in consultation with Drs. Davies, Wood and Gilman, of this city. After a very careful investigation, I made the diagnosis, in which the gentlemen named fully concurred, of multilocular cystic tumor of right ovary, the sacs small and very firmly adherent. We were unqualified in the opinion that it was ovarian and benign. True, there was great pain, but she had suffered nine months before from acute peritonitis, the tumor was growing rapidly, and extensive, firm adhesions bridling such a tumor were sufficient to account for the pain. True, the tumor lay mostly upon the left side, and yet the left ovary had been removed; but an examination per vagi-

nam showed that the fundus uteri was tilted to the left as if drawn into that position. True again, she was very weak, and had a rapid pulse—180 per minute. But there was no cancer in the family, and her debility was explained without any reference to malignancy of the tumor; and the pulse was no more nor as rapid as I had seen it in cases that had recovered. Mrs. S., of Wilmington, Vermont, now living in that town, a patient of Dr. Talbot, of W., upon whom I operated in January, 1865, had a worse pulse than this patient. So did Mrs. —, Case III., of a previous series reported in this JOURNAL. It is wonderful what an effect the simple pressure of such a tumor sometimes produces upon the circulation. In the case of a young lady aged 16, a patient of Dr. H. S. Lucas, of Chester, Mass., upon whom I operated in 1864, before three several preliminary tapplings, two made by himself and one by myself, the pulse rose to a rate of 130 to 140 per minute, and within an hour after each tapping it had fallen to the average rate.

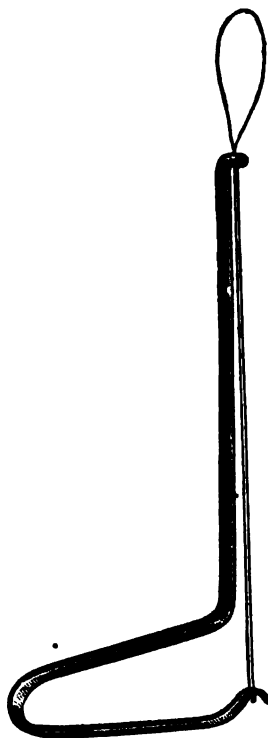
In addition to the diagnosis of a benign cyst of the ovary, I expressed the opinion that it could be removed, but whether the patient could sustain the operation, or rally afterward, was deemed very doubtful. Yet it was unanimously agreed that the operation offered a possible chance of cure, and that without it the case was hopeless, and that she was entitled to the trial if she chose to make it. After a few hours she decided affirmatively, and was very impatient that it be made at once, and on the 27th of October, 1870, I removed the tumor in presence and with the assistance of Drs. Davies, Wood, Gilman, T. A. Foster and Gerrish, and G. W. Foster, student. Precisely that was found which had been prognosticated. A polycyst of the right ovary had rotated to the left side, dragging, by a long, narrow pedicle, the fundus uteri after it. The adhesions were very numerous and strong; they were, however, readily overcome, and the operation completed without serious difficulty. The pedicle was treated with the spring ligature, and the wound dressed by elastic compress. There was no shock, but on the contrary an indescribable sense of relief from pain and burden, and she became as cheerful and hopeful as she had been previously depressed. The pulse fell in frequency, she slept sweetly, and began to call loudly for food. Now came the trouble. So exhausted was she that the stomach refused to accept the requisite amount of nutriment, and in spite of all our united efforts, she sank, and died

upon the third day from pure exhaustion, not having had a particle of pain or discomfort in the abdomen after the operation. An autopsy revealed union by first intention at every point, and everything in the best possible condition. She died because she had passed beyond the rallying point before the operation. The case teaches its own lesson without any remark.

I have now to describe the spring ligature, and its operation in this the first case in which it was ever used. Sad as was the termination, and needless, as every physician present at the operation and autopsy believes, had the operation been made a few weeks earlier, the fatal issue afforded a perfect opportunity for observing the action of the new instrument.

About ten months ago, in conversation with Dr. H. H. Hill, of Augusta, well known as one of the leading surgeons in this State, he described an instrument which he had devised and made with his own hands for the removal of intra-uterine polypi, and which he subsequently sent me. Fig. 1

FIG. 1.



gives a correct idea of this instrument, which is merely a steel rod $\frac{1}{8}$ of an inch in diameter, with a perforated shoulder turned at one end, the other being flattened and bent into the spring, which is better described by the engraving than by any words. The straight shaft is six and one half inches long. The *modus operandi* suggests itself at a glance. The ligature, for which Dr. Hill employs hempen thread and annealed iron wire twisted together, is cast around the neck of the polypus; the two ends are then passed through the shoulder,

which is pushed firmly up to the pedicle and fastened to the extremity of the spring while it is closed by the hand. The moment the hand relaxes its grasp, the force of the spring strangulates the growth,

and this force is constantly maintained until the ligature cuts its way through.

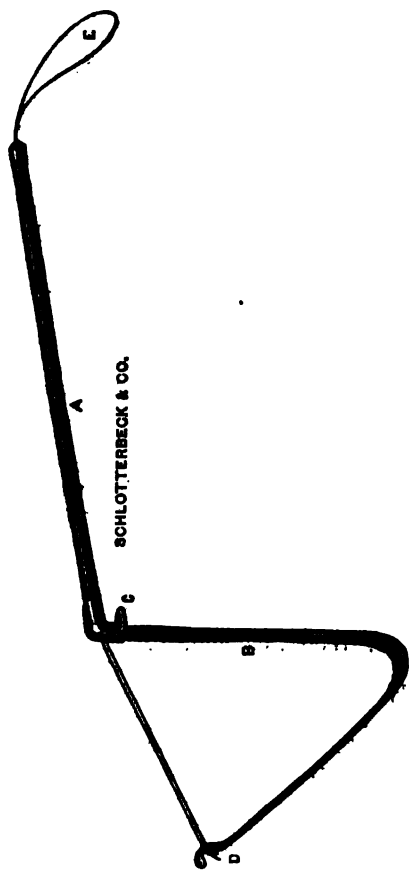
Dr. H. stated that with a large experience in its use he had never failed to remove the growth without any trouble, and that there had never been in a single case any sign of suppuration. To quote his quaint expression:—"I apply it and tell the woman, when it comes away to wash it and send it home." My delight at the simplicity and evident effectiveness of this contrivance was only equalled by my surprise that for eighteen years the Doctor's modesty had prevented his bringing it to the notice of the profession. It immediately occurred to me that its range of application could be extended to the removal of rectal and naso-pharyngeal tumors, and to the treatment of the pedicles of deep-seated growths in the cervical and other regions. With these suggestions Dr. Hill entirely agreed, as also with the idea of having springs of different sizes and power, fitting the same shaft, fastening with a catch-spring or thumb-screw, and of grooving the shaft, so as to sink the ligature below its surface, letting the groove terminate in an opening at the end of the shaft, thus doing away with the shoulder. The original spring was also a little too long, lifting the ligature a little above the level of the shaft. Dr. Hill was so kind as to place the instrument in my hands, with the request that I would study and modify it as I pleased, and make such disposition of it as I thought best.

After a little reflection, I became satisfied that here was precisely the kind of action that was needed in treating the ovarian pedicle. The reason why the ordinary ligature is so slow in separating and provokes so much suppuration, is that immediately it is tied it begins to loosen, and after a little ulceration its tension is entirely lost, and it lies in the ulcerating track as a foreign body. Applied with this spring, its action becomes necessarily unremitting, and not only must it for this reason be much more rapid, but it cannot for a moment linger in contact with the divided surfaces as an irritant. To Dr. Hill's mind, as to my own, the evidence furnished by his cases of intra-uterine fibroids was conclusive that the healing process followed immediately the track of the ligature, hence the entire absence of discharge.

My first step was to carry out the modifications of the original instrument, to which I have already referred, and which Fig. 2 illustrates. A is the shaft, three-sixteenths of an inch in diameter and eight inches

long, grooved to the centre, except at the end where the groove becomes a perforation, through which the ligature, E, passes to be fastened to the spring at D. The other side of the spring, B, fits into an opening, and fastens with a thumb-screw at C. This makes a perfect instrument for intra-uterine work, and, made of suitable length, for the removal of neoplasms from the rectum, nose or throat. For naso-pharyngeal tumors, the shaft of the one which I have is only four inches long, and the whole instrument very light.

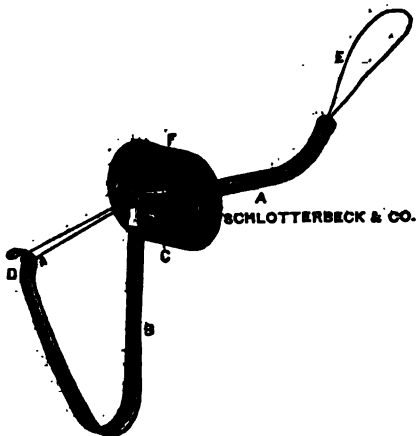
FIG. 2



The modified instrument is made longer than the first one, to adapt it to the ligation of the ovarian pedicle through the *cul de sac* of Douglass. It may be curved for this purpose to correspond with the vaginal axis, with the groove upon the convex side. My former practice was to carry the common ligatures through the vagina, and in connection with the report of a few cases I argued briefly for this method in this JOURNAL a few years since. I still think it an excellent plan, and if this be the direction cho-

sen I cannot for a moment doubt that the use of the instrument described is a vast improvement upon that of the simple ligature; but I confess I am less inclined than formerly to prefer this as an exclusive method. I have had three cases of phlegmasia dolens arising after ovariectomy where the ligatures were carried through the vagina, apparently dependent upon the long-continued presence of the ligatures in such close proximity to the veins. Moreover, in several recent cases where circumstances forbade carrying the ligatures behind the uterus, and where the pedicle was too short for the clamp, I have brought the ligatures out at the lower angle of the wound, and have been entirely satisfied with the plan. By the pressure of the abdominal bandage the viscera are made to fill the pelvic basin so as to effectually displace any fluid there, and thus drainage is practically thorough in this way, while at the same time the cavity of the abdomen can be washed out with greater ease, should occasion arise. I am therefore inclined to think that the greater facility of application and the greater immunity which it gives from phlebitis will lead to the preference, in a majority of cases, for the instrument represented in Fig. 3, which is to carry the ligature through

FIG. 3.

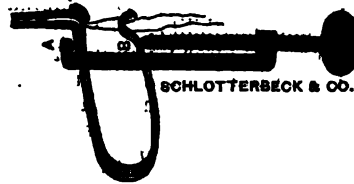


the dependent angle of the wound. A is a short steel shaft, moderately curved near the end, and grooved and perforated for the ligature, as in Fig. 2. This screws into the steel plate C F, which supports upon its upper surface a short, upright, hollow cylinder, the tube being continuous with the groove of the staff when fitted. An angular offshoot from this receives the spring B, which fastens as in the other form of the instrument.

Fig. 4 shows the operation of a screw

and clamp for closing and holding the spring while the ligature is being adjusted. Its application is very simple and easy. The ligature, which should be a metallic one, being cast around the pedicle, its two ends are carried through the canal to D, and fastened while the spring is shut. The shaft rests in the lower angle of the incision, which is elsewhere closed. The plate rests upon the integument, the spring lying upon the pubis in the median line, and is supported laterally by the compress and binder

FIG. 4.



properly adjusted. The groove aids in drainage. The entire instrument weighs less than Wells's clamp. The length of the shaft should be such that it will support the stump in, or nearly in, its normal position without any strain, and as in different cases there is much variation in the length of the pedicle and thickness of abdominal wall, I have had three shafts made of different lengths for the same plate, the shortest measuring $2\frac{1}{2}$ inches and the longest $4\frac{1}{2}$ inches.

This instrument, both in its original and modified forms, I exhibited and described, in much the same language as I have used above, at the meeting of the Maine Medical Association in Bangor, June, 1870, applying to it the name of *spring ligator*. Since that time I have had the one represented in Fig. 3 modified as follows: The plate is fitted to receive two shafts instead of one for double ovariectomy, and these merely slide into place, instead of screwing in, being fastened with a little thumb screw. The opening at the extremity for the ligature is made a little larger, and just above the end is transixed with a pin, which "stops" the ligature when its work is completed. In this form the instrument is made in an excellent manner and handsomely packed by Schlotterbeck & Co., of this city.

I hardly need repeat that the credit of this instrument in its original form belongs entirely to Dr. Hill. The modifications only are mine.

At the time of its exhibition to our State Society, no opportunity had offered to test its action upon an ovarian pedicle, and although I felt entire confidence in it, and so expressed myself, as did the surgeons pre-

sent, we were nevertheless anxious for a demonstration of its power. As I have already said, such an opportunity was afforded in Case V. In this instance, the pedicle was an inch and a half wide and half an inch thick before it was compressed at all. The spring ligator was applied with perfect ease, and in every way seemed so entirely adapted to the purpose as to elicit expressions of unqualified commendation from all present. The ligature used in this case was platinum wire, which I employed at the suggestion of my student, Geo. W. Foster, Ph. D., on account of its combination of strength and flexibility. The patient died sixty-four hours after its application. There had not been the least hæmorrhage or supuration, and the ligature had already divided fully four-fifths of the stump. More than this, *the extremity of the stump had not mortified, being fresh, the dividing surfaces having reunited at every point behind the ligature by well-organized lymph.* This specimen was shown to the Portland School Medical Society when fresh, and I have it preserved.

While this was entirely unexpected, it was not novel. The same thing has happened to Dr. Sims, and other surgeons, in treating morbid growths with metallic threads. For example, Dr. Sims ligated a little excrescence on the face with silver wire so tightly as to leave no doubt of its strangulation. The next day, however, it was healthy, and the wire was buried in its substance. The balance between the pressure and rapidity of ulceration is such that although all vessels are secure from hæmorrhage, vitality is not necessarily destroyed. How often this will happen I cannot say; but that it can occur is an argument for the use of the metallic ligature in this operation. Would it be safe to use the same in treating a neoplasm? It will be seen that if this lady had lived, separation would have been accomplished by the end of the fourth day, undoubtedly, and that there would have been no slough left in the peritoneal cavity, and, so far as we could judge from the autopsy, not a drop of pus.

One lesson that the peculiar cases herein reported teach is our need of more extensive data in the form of careful and impartial reports of cases, for the settlement of many points in connection with the diagnosis and treatment of ovarian tumors, and the same is true in every department of surgery.

The tongue or pen that shall rouse the members of our profession to a realizing sense of their duty and privilege in this respect will do great service to the world.

All along the border lines of our knowledge lie vexed questions touching the highest interests of humanity, the importance of which impress profoundly the minds of all thoughtful and earnest men, and the solution of which will never be reached until there is more concert of observation and freer interchange of views in the profession; until that indifference, or modesty, or timidity, whichever it may be, that allows the experience of medical men to die with them has passed away. All through the land, not merely in cities and large towns, but in the remote and isolated fields of country practice, are hosts of sagacious and skilful men, the results of whose experience and observation would be a rich legacy to the profession. I think that while oftentimes indifference to the want of data on the one hand, and on the other an unwillingness to report fatal cases, explain the lack of activity in this direction, after all the majority of medical men are prevented from writing out their own experience from a feeling that only *outré* cases are expected to be reported or will be acceptable to medical journals. At least, this is a fair inference from the answers to my own questionings.

Whether or not, in other departments of knowledge, it may be true, as an eminent writer has said, that our great need at present is, not facts, but some genius who can grasp and interpret those accumulated, I feel sure that in medicine and surgery the great need is *incontrovertible facts*; and, until we possess them in much fuller measure than we now do, I believe we shall not reach that point of average knowledge and mental development that shall render possible the evolution of that genius who shall bring order out of confusion and coördinate the seemingly unlike into one harmonious whole.

GELSEMINUM.—The conclusions arrived at by Dr. Roberts Bartholow, in a paper in *The Practitioner* for October, 1870, are, that in frogs gelseminum acts upon the nerve-centres, paralyzing first the sensory ganglia, and afterwards the motor; that it does not affect muscular irritability, nor the peripheral nerve-fibres. In warm-blooded animals, the same effects were observed, save only that the nerve-fibres were first affected. There is also produced a depression of temperature, 30° F. in the case of a pigeon, 40° in that of a kitten. The doctor states that repeated trials have convinced him that there is no antagonism between it and strychnia.—*Phil. Med. Times.*

Selected Papers.

OBSERVATIONS UPON THE PHYSIOLOGY OF THE EUSTACHIAN TUBE.

By JOHN GREEN, M.D., St. Louis, Mo.

DURING the past winter and spring two bridge-piers have been sunk to the rock underlying the bed of the Mississippi River at St. Louis. The work has been performed by a method known to engineers as the *plenum pneumatic*, necessitating the excavation of the sand by men working in an air-chamber, under an atmospheric pressure increasing with the depth below the surface of the water, and equalling at one time, during high water, at the eastern pier, no less than four atmospheres, or sixty pounds to the square inch.

The entrance to the chamber of condensed air was through an "air-lock," or small chamber into which the condensed air could be admitted gradually, occupying, for the higher degrees of pressure, from five to ten minutes. The exit was through the same lock, and occupied about the same time.

The temperature within the air-chamber was that of the external air, increased somewhat by the animal heat of the workmen and by the burning of candles. The increased oxidizing power of the condensed air was shown by the rapid wasting and guttering of the candles, which burned with a streaming, smoky flame, and by the fact that a candle, when blown out, rekindled spontaneously from the glowing wick. The processes of oxidation and waste of tissue within the body seemed also to be considerably augmented; during the earlier stages of the work, corresponding to a pressure of two or two and a half atmospheres, the workmen remained in the air-chamber six hours at a time, and often worked twelve hours out of the twenty-four; but, as the pressure increased, the time of labor had to be shortened, until at last it was reduced to an hour, alternating with three hours of rest. During the last stages of the work, at the greatest depth, a remarkable form of paraplegia broke out among the laborers, and was even observed in several cases of persons casually visiting the works. Nearly all the workmen suffered in some degree from cramps, a large number were paralyzed, some (at least a dozen) died. A sketch of the symptoms, with notes on pathological changes discovered in the central nervous system, and

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especially in the lumbar portion of the spinal cord, has been published by Prof. Louis Bauer in the *St. Louis Medical and Surgical Journal* for May, 1870.

The exit from the air-chamber, through the lock, was attended by a marked reduction of temperature, amounting to ten or twelve degrees when but one or two persons were in the lock; with six or eight persons crowding the lock, the change in temperature was hardly noticed, except when the condensed air was allowed to escape very rapidly. The sudden chilling of the surface of the body from this cause gave rise to frequent catarrhs, both among the more careless workmen and visitors who were not forewarned of the danger.

A visit to the air-chamber, a short time before the completion of the work at the eastern pier, afforded the opportunity of making a few observations, meagre in themselves, but suggesting a line of experiment which may possibly be carried out at a future time, when the state of the works shall permit another visit.

The time occupied in passing the lock was ten minutes, corresponding to a tolerably uniform increase of pressure of about one and a fifth ounce to the square inch for each second of time.

Three or four seconds, corresponding to about as many ounces of pressure to the square inch, sufficed to produce a distinct sensation of tension upon the tympanic membranes in both ears, which in a few seconds more became somewhat painful. This sense of tension was instantly and perfectly relieved by the experiment of Valsalva, by the act of swallowing, or by a voluntary action of the palatine and pharyngeal muscles, by which the writer is able to open the Eustachian tubes and hold them open for a considerable time. A few seconds sufficed to reproduce the sensation of pressure, necessitating the repetition of the relieving act. All three methods were effective, but the difficulty of frequently swallowing without eating or drinking, and a want of aptitude in holding the tubes continuously open, resulted in a decided preference for the method by inflation.

When once within the air-chamber the sensation was in no respect peculiar. Respiration and the heart's action became, however, somewhat accelerated upon comparatively slight exertion. The novelty of the situation, the desire to inspect the principal features of the work, the want of special preparation for the visit, and above all the noise made by twenty men shovelling and ramming concrete, made it extremely diffi-

cult to try any acoustic experiments, and must explain the meagreness of the observations in this respect.

A metallic percussion sound, the ticking of a watch, was, notwithstanding the noise, heard with great distinctness, and was apparently much louder than under the usual atmospheric pressure.

The voice seemed changed in timbre, but not remarkably in power. It required an unusual effort to keep up a conversation, but this was due in part at least to the sounds made by the tools of the workmen.

The most remarkable phenomenon, and one constantly observed, was the extreme difficulty (and, under the higher degrees of pressure, impossibility) of making an audible sound by the effort to whistle with the lips.

These observations suggest a series of comparative experiments with the tuning-fork, reeds and pipes, which may be undertaken a few months hence.

In coming out of the air-chamber through the lock (the time occupied being about ten minutes), the only phenomenon connected with the tympanic apparatus was the spontaneous escape of the condensed air through the Eustachian tubes. This occurred, not in a continuous current, but by a succession of little puffs, succeeding each other at intervals of fifteen or twenty seconds, independently of respiration, and absolutely without the concurrence of any muscular action. The whole phenomenon was in fact suggestive of the action of a lightly-resisting valve, necessitating a slight but perceptible increase of pressure within the tympanic cavity, to open the passage to the pharynx. This observation was made with great care, and is fully confirmed by intelligent persons who have been questioned upon the subject, although, previously to the visit which forms the subject of this communication, no other statement could be elicited than the bare fact that no unpleasant sensations were felt in the ears on coming out of the air-chamber.

The writer has had occasion to examine a considerable number of cases in which persons have suffered from affections of the ear, originating in visits to the air-chamber. These affections have been primarily of two kinds: 1. Rupture of the membrana tympani from external pressure in cases of impervious Eustachian tube, and perhaps also of persons not instructed in the methods for restoring the equilibrium of pressure. 2. Acute tubal or aural catarrh, attributable probably to the sudden reduction of temperature in the air-lock.

The cases of rupture occurred most frequently in persons visiting the air-chamber for the first time; in other cases, however, the accident was evidently due to an actual tubal catarrh developed during the interval of a few hours, between two periods of labor. Only one case of rupture was seen immediately after the injury; it presented the appearance of a nearly vertical slit about two lines in length, in the posterior portion of the membrane; about a drop of coagulated blood was found in the external meatus. Two or three cases of purulent otitis media were treated in which the history pointed clearly to a rupture, followed by pain, discharge, &c. In one case, of several weeks' standing, there was a polypoid growth protruding through the perforated membrane. The polypus rapidly retreated under the careful use of solid chromic acid, applied upon the end of a fine probe; the perforation healed.

There was nothing peculiar in the cases of simple catarrh; some of them were quite mild, others rather severe; all did well under the usual methods of treatment.

It is currently reported, upon sufficiently trustworthy authority, that several cases of partial deafness have been cured by a visit to the air-chamber. Such an exposure acts, of course, as a powerful air-bath, and may sometimes suffice to overcome a tubal adhesion. It is certainly not to be commended as a plan of treatment.

In a few cases severe pain has been felt in the region of the frontal sinuses, on first entering the air-chamber. This may be explained by supposing an obstruction from swelling of the walls of the passage from the sinus to the middle meatus of the nostril. The excess of pressure upon the surface and in the open cavities of the body over that in the closed sinus, would doubtless lead to a speedy effusion of blood or serum within that cavity, giving rise probably to a secondary trouble from distention, when the external pressure is removed.

Hæmoptysis has also occurred, in one case, under the observation of the writer. The subject—the same in whom the recent rupture of the membrana tympani was observed—was a stranger visiting the works from motives of curiosity. He entered the lock under the guidance of a careless laborer, who admitted the condensed air so rapidly as to cause intense pain in the ears, ending in the rupture of one of the membranes. Frightened at this accident, he insisted upon being released, and the air was let off as rapidly as it had been admitted. The hæmoptysis occurred immediately upon

his stepping out of the lock; it was not large, and continued but a short time.—*Transactions of the American Otological Society.*

HOW TO PREVENT LEAD POISONING IN WATER.

MR. A. MCGORDON read a paper on this subject before the British Association for the Advancement of Science, at a recent meeting. We take the following from the *London Medical Times and Gazette*:—

Mr. McGordon said that after employing sewage, which might have been used to fertilize the earth, in polluting the rivers which nature intended to be the source of water-supply, we spend hundreds of thousands of pounds in obtaining pure water from distant lakes and rivers; but no sooner does this pure water cross our threshold than, either from ignorance, carelessness, or false notions of economy, it is in many cases converted into a slow poison. Medical and scientific men have been long impressed with the great danger to health which is caused by the use of leaden cisterns and pipes as a means of storing and distributing water to be used for dietetic purposes; but this danger has not forced itself sufficiently upon the attention of the general public. The cheapness and ductility of lead for water conveyance have been allowed to override the dangers which are known to arise from the action of water upon it. This action is uncertain and various; but instances are so numerous where its effects are positively and immediately injurious, that all who have turned their attention to the subject have come to the same conclusion—that the use of lead should be abolished as a material for the storage and conveyance of water. No consideration, either of economy or convenience, should be allowed to prevail in the face of so important a danger. Dr. Lankester, from an examination of the action of the pure water supplied to Manchester and this town, found in both instances that where the water had been allowed to stand in leaden pipes there were proofs of contamination with lead; and he mentions several remarkable cases of diseases produced in households, which have come within the range of his own observations. He also points out that lead is an accumulative poison. A choice, then, of some other material for pipes, which will have the ductility and cheapness of lead without its dangers, becomes a matter of necessity. Various ob-

jections apply to various materials. Iron, for instance, being liable to rust, difficult of repair, and liable to break at the joints when houses settle. Galvanized iron has a diminished tenacity, and is liable to splitting and corrosion. Copper is, of course, out of the question for dietetic supply. Stone, though sweet and wholesome, is impracticable from the difficulties of working; while potteryware is liable to fracture, and guttapercha is wanting in durability and sweetness. Tin alone would be too expensive, and, as a pipe, would be wanting in pliability. The only practical mode of pipe construction which appears to meet on the one hand the requirements of purity and wholesomeness, and on the other cheapness and ductility, is a block tin pipe, encased in lead, the two metals so formed in conjunction with each other as to combine the qualities of ductility and pliability of the lead with the innocuous character and superior tenacity of the tin. The lead casing, which forms a protective coating to the tin pipe, being largely in excess, imparts to the pipe in its combined form the physical qualities which characterize lead, and the two pipes being so united at their surfaces of contact as to be inseparable by any contortion to which they may be subjected. The method of producing this pipe is simple and inexpensive, and consists in forming an ingot of lead, enclosing an ingot of tin, and forcing them simultaneously through a die and over a cone by the usual hydraulic power. The superior tenacity and lower specific gravity of the tin admits of such a diminution in the thickness and weight of the pipe that the manufacturers are enabled to offer it at the same price per yard as lead pipe of equal strength. In other words, it will cost no more to fit up a dwelling with this pipe than with the ordinary lead pipe. From experiments which have been made by the coöperations of Glasgow and in this town, it has been found that this pipe possesses a power of resistance to pressure even greater than that of lead pipe, more than double its weight per yard. Mr. McGordon stated, in conclusion, that wherever the invention had been applied, its sanitary value had been found perfect. The manufacture was daily increasing, and its merits were being recognized, not only in this country but in foreign countries.

The president said that a number of experiments were made a few years since by the Sanitary Association of Manchester, the result of which, he believed, was that no coating of tin applied in an ordinary way was sufficient to prevent the action of the

water on the lead; but, according to the plan explained by Mr. McGordon, a thicker coating of tin appeared to be applied, and that seemed to be a solution of the difficulty.

Mr. McGordon (in answer to the president) said that the price of the lead piping encased with block tin was not greater than that of lead piping.

Reports of Medical Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY. REPORTED
BY F. W. DRAPER, M.D., BOSTON.

The Society met Jan. 28th, the President, Dr. George C. Shattuck, in the chair.

The President presented, for signature by members of the Society, a petition in aid of a petition by the Mass. College of Pharmacy for the passage of a law by the Legislature of Massachusetts regulating the dispensing of drugs, by imposing certain conditions of knowledge and skill in those practising pharmacy.

Mr. Markoe explained the provisions of the petition and the need of such a law, and appealed to the members of the Society to aid the project.

Dr. J. B. S. Jackson presented a specimen of fibroid tumor of the uterus, and indicated its distinctive features. It was situated in the muscular layer of the uterine wall, and in its physical appearance resembled that tissue. The uterus was enlarged, the cavity being elongated one third. Dr. Jackson pointed out certain exceptions to the rule that enlargement of the cavity of the uterus accompanies such growths invariably, as distinguished from ovarian cysts; if the tumor projects outwardly toward the peritoneum, its development may not cause enlargement of the uterine cavity, while, on the other hand, an ovarian cyst may, by becoming attached to the body of the uterus, produce in the course of its development the increase in size of the womb usually associated with fibroid tumors. Dr. Jackson emphasized the non-malignant character of fibroid growths in the uterus.

Dr. Fitz reported the microscopical features of the tumor; the tissue consisted of fibrous tissue with striæ of inorganic muscular fibre.

Dr. Bowditch related a case which had come under his notice, in which at intervals, accompanying the spontaneous rup-

ture of an abscess in the recto-uterine interspace, nodules of fibrous tissue were discharged by the rectum; the fragments consisted, as he thought, of portions of a fibroid tumor of the uterus which had undergone degeneration and had ruptured into the rectum. The nodules were not of a sloughy nature. The more detailed history of the case was unknown to Dr. Bowditch.

Dr. Jackson thought the nodules should be sloughy, if they originated as was supposed.

Dr. Lyman suggested a different seat of the growth in the absence of more marked uterine symptoms.

Dr. Lyman doubted the reliability of the uterine sound in certain cases. He had observed instances in which examination with the sound gave no sure indication of the altered size of the cavity of the uterus or in which the information was only negative; but the physical signs and digital examination after dilatation with tents indicated the presence of a tumor. He had found, too, that at the change of life there is sometimes a metritis, accompanied by elongation of the uterine cavity, both conditions subsiding together.

Dr. Jackson remarked that the rare cases of spontaneous discharge or of removal of stones from the cavity of the womb are probably the result of cretaceous degeneration of fibroid tumors.

Dr. Porter exhibited a preparation of the portal circulation in the liver of a dog. The vessels had been injected with differently colored agents, and the substance of the liver had then been corroded by hydrochloric acid diluted one sixth, leaving the ramifications of the vessels distinct.

Dr. Cheever exhibited a foreign body removed from the side of an adult patient, and related the history of the case. The man was at work in a planing-mill, when one of the belts broke, and a flat, steel coupling hook, an inch and a half long, with the ends curved inward, was thrown with such violence as to penetrate the wall of the chest, breaking the fourth rib in its passage; one extremity of the hook engaged itself around the rib, the other entered the pleural cavity. The wound of entrance was freely enlarged, so as to admit the finger, and air passed abundantly with each respiration. The lung did not collapse. As soon as suppuration was established in the pleural cavity, it was washed out daily with a dilute solution of chlorinated soda. After a severe pleuritis, a pneumonia, and the discharge of portions of necrosed rib,

the patient was at present, six weeks after the injury, convalescing, the lung being nearly expanded and the rib almost covered.

Dr. Cheever thought that when incisions into the cavity of the chest were necessary at all, they should in general be large, and that the results in the present case illustrated the benefit of such treatment in contrast with the effects of hermetically sealing such a wound.

Dr. Bowditch confirmed the opinion of Dr. Cheever concerning free incisions. He stated that after paracentesis thoracis, when only serum was withdrawn, and the patient was young and vigorous, the lung resumed its normal state in about a year.

Dr. Hayden exhibited a specimen of cancer of the stomach. It presented two sloughy patches, separated by a thin partition, the two ulcerations being together of the size of the palm. The tumor was in the lesser curvature, and did not involve either orifice of the stomach. The most marked symptom had been very copious hæmatemesis just before death. Previously, there had been pain in the epigastrium, occasional vomiting and waterbrash; but in general the gastric functions were well performed.

Dr. Jackson interpreted the absence of gastric symptoms by the freedom of the pyloric orifice from disease. He drew a distinction between the symptoms of encephaloid, even where it entirely surrounded the pyloric orifice, and scirrhus of the pylorus.

Dr. Ira L. Moore called the attention of the Society to the fact that an attempt was being made in the State Legislature to require by law that all physicians' prescriptions shall be written in the English language, with a view to prevent mistakes in administering drugs.

After a free general discussion, the following resolution, offered by Dr. Lyman, was unanimously passed:

Resolved, That in the opinion of the Suffolk District Medical Society, the dangers arising from mistakes in preparing prescriptions can only be met effectually by requiring that no person shall be employed in putting up prescriptions who has not passed a satisfactory examination before a board of examiners of the College of Pharmacy; and that any legislation as to the language in which said prescriptions shall be written is inexpedient."

Dr. Treadwell reported the history of a case of death from chloroform, improperly administered to control supposed hysteria. The autopsy discovered a distended gall-

bladder, with commencing impaction of a gall-stone.

The Society adjourned.

ESSEX NORTH DISTRICT MEDICAL SOCIETY.

MORRIS SPOFFORD, M.D., SECRETARY.

THE Society held its quarterly meeting at the residence of Dr. George Cogswell, in Bradford. The records of the last meeting were read by the Recording Secretary, Dr. Root.

Algernon S. Nichols, of Haverhill, having passed a satisfactory examination before the Censors, was admitted to membership.

The fact that the name of a member of the Essex North District Society had been dropped from the rolls of the parent Society by a vote of the Councillors, was mentioned, and in connection with the same subject reference was made to the frequent practice of criminal abortion by physicians and the evils resulting therefrom.

Dr. Perkins, of Newburyport, had reason to fear that there were other members of the Society who had been guilty of the crime, and spoke earnestly in reprobation of their conduct.

The Society then partook of an elegant entertainment furnished by Dr. Cogswell, after which the host, in a few earnest words, extended a hearty welcome to the Society; addressing himself especially to the younger members, he spoke of the great change which had taken place, since he first entered the profession, in the reception accorded to young physicians by those who were already established, and congratulated them that now they were, almost invariably, cordially and kindly welcomed to a share in the pleasures as well as the burdens and responsibilities of their arduous calling. Dr. C. humorously warned the younger men to be in no hurry to step into the shoes and don the mantles of their seniors, for they were a long-lived fraternity, and could hold their business as long as they pleased. He urged them to work quietly, carefully and conscientiously to build up a practice, and, if they deserved success, it would surely come in time. Dr. Cogswell said he had earnestly devoted himself for twenty years to the practice of the profession; though circumstances had led him into other walks in which he had not been unsuccessful, it was often a source of regret to him that he had not kept the harness on, for no richer legacy could one leave to his children than the example of a life well spent in the practice of this noble profession.

The remarks were responded to by Drs. Perkins, Spofford, Kelley, Garland, and others, and the medical discussion was resumed.

Dr. Garland, of Lawrence, had long entertained the opinion that there was an intimate relation between the poison of syphilis and that of gonorrhœa, and the more he saw of the diseases the more he was confirmed in his suspicion. He reported a case in which a man had a blenorhagia and no chancre, and his wife had a hard chancre.

Dr. George Cogswell believed with Dr. G. that the two diseases may proceed from the same poison, and mentioned the fact that many persons have a discharge from the urethra, produced by any irritation however slight.

Dr. Wm. Cogswell, of Bradford, reported a case in which the patient died of secondary syphilis where no chancre had ever been apparent.

Dr. Garland reported the case of a married lady, 40 years of age, healthy, but delicate and sensitive, the mother of two children. In July, she was taken sick with vomiting and purging. He was called at 10, A.M. Between 3 and 4, P.M., she vomited the medicine given, and was ordered mint and soda water, and a sinapism to the epigastrium. From the onset she had a quick, small pulse, restlessness and constant nausea. Dr. Garland gave her a subcutaneous injection of morphine, one-fourth of a grain, and requested his associate to see her (as he was called out of town), and repeat the injection if necessary. On his return, he found that the first and only injection had thrown the patient into profound sleep, from which it was impossible to arouse her; though all methods were tried, she died, fifteen hours after the injection, in a state of profound coma.

Dr. G. stated that, some three years ago, while applying atropine to her husband's eye, an atom flew from the camel's hair brush into one of her eyes, dilating the pupil of that eye so as to prevent her reading or sewing for three days. This revealed a remarkable degree of susceptibility to narcotics.

Dr. J. P. Whittemore, of Haverhill, was called upon by the mother of a young woman, two months married, who was flowing profusely, and had been for six weeks. She had been treated by irregular practitioners—two homeopaths and one advertising specialist—without relief. Dr. W. was asked to prescribe for, but not to visit her. To this he objected, giving as a reason the presumption of pregnancy, and that by

consent of the parties an attempt had been made to procure abortion. He was, however, induced to yield, and gave her a placebo. Some days after, he was called at midnight to visit the patient, and found that she had been having violent labor pains, that "something had come away, and now she was easier." He made an examination, and found the uterus, in a gravid state, lying *between the thighs!*

Considering this the result of the efforts before alluded to, he informed the patient and attendants that he must have the assistance of another physician, and one was called. The womb was replaced, but during the process a fœtus of from three to five months escaped. She made a good recovery.

The Society voted their cordial thanks to Dr. Cogswell for his hospitality, and then adjourned.

Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 2, 1871.

A MOVE IN THE RIGHT DIRECTION,
WORTHY OF IMITATION BY EVERY PHARMACIST.

In our Editorial of January 26th, we referred to the practice of many pharmacists taking on themselves the duties of the physician. We alluded to this custom not without good reason. With all due deference to the skill and wisdom of our pharmacists, in their own field, we cannot fail to recognize the mistake they are prone to make in prescribing for the sick or in dressing the wounds of the maimed. In our own practice, we are constantly cognizant of cases of malpractice on the part of apothecaries who overstep the bounds of their legitimate business. That a pharmacist occupies a corner store in a crowded locality, and enjoys a local repute as a "Doctor," is no reason that he should treat venereal diseases, surgical injuries and supposed constipation, or prescribe for "the chiel who is a little ailing" but may be on the threshold of serious disease. It is true the patient, who may have but little money in his pocket, gets his advice for the price of the medicine administered; but the remedy is often dearly paid for by aggravation of dis-

case, when a moderate fee to our younger brethren would secure sound advice and a satisfactory cure.

We cannot help calling the attention of our friends, the apothecaries, to a sign we have just seen conspicuously posted in the shop of one of their own number. It is not for our sakes alone, but for their own good, that we advise them also to set up as a public notice, "We are pharmacists, but not physicians: we dispense medicines, but do not prescribe for diseases"; and when they have done so, we trust they will keep to their own legitimate calling and allow physicians to *treat* diseases.

ADVICE GRATIS TO THE PROFESSION.—Our attention has been directed to the practice of certain medical men of gratuitously and somewhat freely circulating pamphlets on professional subjects, setting forth the views of the author, and generally tending to show that he has some special knowledge of a disease, or some special and peculiarly successful mode of treating it. The merits of such productions vary very much. And so, no doubt, do the motives with which the authors act in scattering their works broadcast over the profession. Sometimes the motive is apparently unselfish; at other times it is difficult to believe that the author does not contemplate some personal advantage, as much as the dissemination of truth. This idea is often supported by the whole style of the author—the terrible description of the disease, the difficulties of diagnosis, the danger of making a mistake; the great extent of his peculiar opportunities for seeing the disease; the originality of his treatment, and his success in various cases, of which happy specimens are given—all seem intended to produce a conviction that the author is a man to be consulted. True, perhaps, he indicates the nature of his remedies. But he withholds details, or leaves you with the notion that to give the treatment a fair trial you must let the author have it and the case very much to himself.

We will not specify cases, as our authors are apt to do; we will keep to general remarks. And without any invidiousness, we will point out to all gentlemen who resort to the plan of taking a Medical Directory and distributing their scientific productions freely through the profession by means of the post, that such a course is undignified. The medical profession is capable of judging the merits of any scientific work

done by its members. There is no want of medical journals through which an author may put himself in communication with the profession. These journals are not only media of communication, but they are friendly critics of all medical doctrines and pretensions. If a communication is too poor to find insertion in these, there are the booksellers who are always ready to publish. But to distribute a work, or part of a work, gratuitously, is to make the confession that the profession will not buy it, and to justify a presumption that it is not worth buying. Men are not apt to appraise very highly that which comes to them gratuitously through the book-post, and of all things that come gratuitously through the book-post nothing is more lightly esteemed than medical literature. The profession is displaying a growing disapproval of all obtrusive ways of publishing cures and remedies. We need not say more to discourage a practice which savors of advertising rather than of faith in truth or love of science.—*Lancet*.

DISEASE-GERMS IN WATER.—Mr. Charles Heisch has published some experiments in the *Journal of the Chemical Society*, which aim at showing that the mere quantity of organic matter, nitrogenized or not, forms a very poor basis on which to found an opinion as to the wholesome character of any sample of water. We have very little doubt that this is the case, for chemical and pathological investigations pursued in different directions have already led to that conclusion. Mr. Heisch finds that, on adding a few grains of crystalline sugar to a certain infected water, in which no visible organisms could be seen, the solution became turbid in about twenty-four hours at a temperature of between 60 and 70 degrees, and presently a considerable development occurred of a torular character, subsequently producing filaments. The same thing occurs after boiling the water for half an hour. Mr. Heisch draws the conclusion that the water contained organic germs, irremovable by filtering (except through charcoal), and not destroyed by boiling, but capable of producing disease. The experiments are interesting, but we must observe that he fails to show that the germs were not destroyed by boiling in proving that he finds them afterwards; for he omits to eliminate the possibility that these germs may have been destroyed by boiling, in accordance with the prevalent belief; and that a new generation has occurred in his boiled

solution, which still contained organic matter mixed with sugar—a not unfavorable condition for the evolution of life.—*British Medical Journal*.

THORACENTESIS.—Dr. Jas. Cuming, Belfast, Ireland, gives (*Dublin Quarterly*) the following practical rules laid down by Bartels regarding the selection of cases in which thoracentesis is to be performed: "In all cases of simple serous effusion, accompanied by signs of displacement, the operation is requisite if the physical signs show that absorption has not commenced within a moderate time. It is not advisable to operate as long as febrile symptoms are present, unless there be urgent symptoms, such as distinct and considerable embarrassment of the circulation or of the respiration. The entrance of air into the pleural cavity is to be carefully prevented in cases of serous effusion. Purulent effusions are best treated by the establishment of a large fistulous opening, which permits a continuous discharge of the thoracic contents. If these effusions are removed by the trocar they rapidly accumulate afresh and exhaust the patient. If on puncturing the chest an effusion which had been regarded as serous is found to be purulent, it is advisable to remove the trocar and make a pretty large opening at once. The effusion is almost invariably purulent if pleurisy has occurred in connection with pyæmia, puerperal fever, and the like; if a febrile condition continues without any other cause after the effusion has ceased to increase; and is certainly purulent if œdema of the subcutaneous cellular tissue exists on the affected side. If pneumo-thorax coexist with purulent effusion, the operation is indispensable to prevent the contamination of the system by septic fluids. To prevent septic infection it is necessary to cleanse the pleural sac daily, either by injections of water or of a weak solution of common salt, or by insufflation of air. Opening the cavity of the thorax by means of a bistoury is reserved for those cases in which a permanent fistulous opening is required." Dr. C. himself thinks the pneumatic aspirator (vide *American Practitioner* for August, 1870), possesses advantages over any other instrument for this operation.—*American Practitioner*.

EMPLOYMENT OF CARBOLIC ACID FOR THE RELIEF OF PRURITUS CUTANEUS.—At a meeting of the Niederrheinische Gesellschaft at Bonn, Prof. Binz brought into notice the

advantage to be derived from this method of treatment. Pruritus, as is well known, chiefly attacks people of advanced age, and produces very serious discomfort. The violent itching leads to constant scratching, which occasions secondary lesions of the skin. Few remedies besides arsenic appear to have any influence upon it. Last year careful investigations were undertaken by Von Hebra to determine the value of carbolic acid, proceeding on the good results derived from its use in other dermatoses. These inquiries demonstrated that both prurigo (in which itching swellings occur) and pruritus (in which itching occurs without anatomical lesion) may be alleviated by the administration of carbolic acid. In one instance, a man of 74 years of age, of good position, who had suffered for more than two years from violent itching of the skin, began to take carbolic acid according to the Viennese plan, namely, in the form of pills, made up with extract of liquorice, containing at first $1\frac{1}{2}$ grains of the acid, but gradually rising to 15 grains per diem. The effects were immediately apparent, and improvement still occurred as the dose was increased. To ascertain whether the improvement was or was not accidental, the use of the acid was discontinued on several occasions, but the itching was immediately observed to increase in severity, whilst it again diminished when the medicine was recommenced. After on one occasion the medicine had been taken for five weeks continuously in quantities amounting collectively to 15 grains per diem, gastric disturbances supervened, which, however, disappeared as soon as the medicine was given up. The use of the acid has not produced a complete cure, but it has so far mitigated the symptoms as to enable them to be easily borne. A second case is recorded, occurring in a young man, in which the acid effected no improvement, whilst the disease was speedily cured by the use of arsenic internally. From this it would appear that there is more than one kind of pruritus, requiring different methods of treatment. Morphia, it is well known, will occasionally induce a temporary attack of pruritus.—*London Practitioner*, from *Berliner klinische Wochenschrift*, No. 43, 1870.

A COLD DOUCHE FOR PRUSSIA.—Professor Norton, of Cincinnati, writes to the Editor of the *Lancet and Observer*, from Bonn, Prussia:—

"There is a tremendous amount of brag here about German science, but it all comes

about to this: that a dozen or twenty men are really first class, and that under the shadow of their reputation every dabbler assumes to be superior to the rest of the world. You have little idea of the assumption of these fellows, although you may have had a little taste of it in Cincinnati. It runs through their whole life. In everything Germany is at the head of the world—in arts, science, letters, and just now the military bubble is full to bursting. I get provoked with Prof. Englebach almost every day from some disparaging comparison that he sees fit to make. Not long ago, I was told by a German student that America ought to assist Prussia in the present war, because our victory over the South was due to our German soldiers. I believe that I am surrounded with circumstances more favorable than usual, but I must acknowledge that I am somewhat disappointed. I supposed that the Old World was so immeasurably superior to us in everything, that merely to see it was a complete education. It pays me to be here, in many respects, but there are a dozen American students who are, or were lately, here, who had better be at home, except with regard to the study of the language. They attend lectures on law, &c., when they hardly know enough German to buy beer and pretzels; and even when they are better acquainted with the lingo, they get little good of the lectures."

SANITARIUM FOR INVALIDS.—W. Pratt, M.D., of Chico, Cal., addresses the following letter to the Editors of the *Pacific Med. and Surgical Journal*:—To your important question in the December number of the JOURNAL, "Where shall we send our consumptive patients?" I propose to contribute the following reply: Possessing weak lungs myself, I have given particular attention to the effect of the different climates and altitudes in which I have had the opportunity of observation, upon the respiration and the nervous system. In crossing our continent from ocean to ocean, on the various routes, I found that on the eastern side of the Sierra Nevada Mountains, in the northern counties of California, the climate possesses the nearest equilibrium of temperature, both in winter and summer, with the least atmospheric moisture, of any portion of the United States. Throughout this extensive and beautiful belt of country there are mineral waters of every variety and temperature, while the atmosphere is ever charged with the odor of the pine and balsam of fir. The scenery is grand, varied, and extensive be-

yond description. Wild game and mountain trout are exhaustless.

For the last fifteen years, when able, I have practised in the upper Sacramento Valley; but when overdone and exhausted by the debilitating climate, a visit to that favorite retreat has never failed to immediately revive and invigorate both mind and body. I have also, with unvarying success, sent my patients, when suffering from general debility, from whatever cause, in the same direction—varying the altitude according to the case.

With the evidence thus obtained I feel justified in believing this the best natural location for convalescents, invalids and consumptives, on our continent, if not the best in the civilized world; and when its advantages become generally known by the profession, enterprise will not be slow in developing, and art in improving, the facilities for its enjoyment by valetudinarians.

If any professional brother, or his friend, to whom life has become a burden, wishes to test the virtue of such a climate, and will meet me at my rendezvous next summer, at the Big Meadows, in Plumas County, I will take pleasure in gratuitously directing his efforts in so laudable an undertaking.

The locality referred to is also a delightful field for the able-bodied who seek recreation and sport, as well as for the invalid.

DIAGNOSIS BY EXAMINATION OF URINE IN OBSCURE FORMS OF URINARY DISEASE. By SIR HENRY THOMPSON, Surgeon and Prof. of Clinical Surgery to University College Hospital.—I wish to call attention to a mode of obtaining a diagnosis in some rare and doubtful cases of disease of the urinary organs, when all other modes have failed. I described it first in my clinical lectures at University College Hospital, some years ago, as a means of observation which had never to my knowledge been recommended or practised, and which I had adopted systematically, and which I have since found of extreme value in some exceptional instances. Thus, for example, we not seldom meet with a patient whose urine, usually containing a small or varying quantity of blood and pus, presents more or less albumen, but relative to the precise origin of which it is desirable to be certain. Some of the deposit produced is of course due to the admixture named; and while we may be right in believing the quantity to be equal only to the blood and pus in the urine, we cannot be certain whether some of it may not be due to renal changes. In such

a case, the other signs, and the symptoms also, are often insufficient to enable us to say whether they are due solely to vesical disease or to pyelitis, or whether there may be some renal affection, not to say constitutional albuminuria, complicating the conditions named. On the other hand, the symptoms may apparently indicate only an affection of the bladder; there may be no symptom of disease involving any higher portion of the urinary tract; nevertheless, the experiment to be described may prove the kidneys to be almost solely the seat of the malady. Few cases present more of obscurity than some of those with the characters thus briefly indicated.

The proceeding may be described as follows: A No. 6 or 7 flexible catheter is introduced into the bladder while the patient is in the upright position, and the urine drawn off is placed in a vessel apart. By means of an elastic gum-bottle containing a few ounces of warm water, the bladder is washed out two or three times, with about an ounce or two at a time, until the outflowing fluid is perceived to be quite clear. The catheter being left *in situ*, fresh urine from the kidney, untainted by any admixture, will now pass by drops into a test-tube placed to receive it; and a specimen, therefore, of true renal secretion, unqualified by vesical products, will be furnished in about five minutes, sufficing for a chemical analysis and useful to a certain extent for microscopical observation. By this simple process I have been enabled to solve the question of disease of the kidneys in some cases in which hitherto doubt as to their implication existed; and have often had the satisfaction of demonstrating that the secretion obtained direct from the organs was absolutely free from any sign of disease, where they had previously been suspected to be the seat of grave mischief. But there is one source of fallacy on applying this test which is occasionally to be met with. An illustration of it exists at this moment in the case of a man now in my ward at University College Hospital. If the bladder easily bleed with instrumental contact, as occasionally happens, the process may produce a slight admixture of blood in the urine so obtained, barely enough to tint it, but sufficient perhaps to occasion a considerable deposit to heat and nitric acid. It should never be forgotten, in estimating these products, that, for equal quantities of blood and pus, the former produces a much more bulky deposit of albumen than the latter. Of course, then, this disposition to slight bleeding, as a result of

the procedure, and any augmentation of albumen so caused, is of itself strong evidence of vesical rather than of renal disease. I should say that the incident just named is one of rare occurrence.—*Brit. Med. Jour.*

HYDRATE OF BROMAL.—There is a valuable article by Dr. E. Steinauer, of Berlin, in the last volume of *Virchow's Archiv*, on the action of the hydrate of bromal on animals and on man. The experiments were made in the Berlin Pathological Institute, and were under the immediate direction of Liebreich himself. The hydrate of bromal, according to the observations detailed, when administered to animals, undergoes a similar change to that undergone by chloral, being converted by the alkalies of the blood into bromoform. But this change goes on slowly, for at the end of an hour and a half there was found in the blood, in addition to bromoform, still some undecomposed bromal. The substance is further oxidized and evacuated in the urine as bromide. The symptoms produced by bromal on animals (frogs, rabbits, guinea-pigs), were first a stage of restlessness, followed by imperfect sleep and anæsthesia, and finally dyspnoea and death, with or without convulsions. After large doses, both in frogs and rabbits, the heart was found after death relaxed and distended—whereas, after smaller doses, it was contracted. In the former case there is probably direct paralysis of the heart by the bromoform, such as occurs after large doses of chloroform. The preliminary stage of restlessness, which has no equivalent after administration of chloral, is ascribed to the action of the bromal aldehyde itself, the decomposition occurring, as stated above, more slowly than is the case with chloral. The author observed a stage of restlessness, after a hypnotic dose of chloral, in a patient suffering under gout, and he ascribed this to the acid state of the blood preventing the usual decomposition into chloroform. With this view he administered alkalies to the patient, and after a few days the same dose of chloral produced the usual hypnotic effect. Proceeding from this, he applied the same principle in his experiments with bromal. Having injected carbonate of soda subcutaneously in rabbits, he then injected the hydrate of bromal, and found that the stage of restlessness was entirely absent. The author has administered bromal to man in only a few cases. He has found good effects from it in epilepsy, and in soothing the pains of *tabes dorsalis*. The method of administra-

tion which he has ultimately employed is, first, in the morning and at mid-day a powder containing about 14 grains sodæ bicarb.; then in the evening two to four pills, containing each from one half to a grain and a half of bromal.—*Med. Press and Circular.*

TREATMENT IN SCIATICA.—Mr. J. Waring Curran recommends the following plan of treatment in sciatica:—

In a small porcelain vessel, I mix one grain of morphine and three grains of extract of belladonna with six drops of creasote. I get my patient out of bed, standing as erect as the nature of his disease will permit him, and begin making small incisions, half an inch long, with an intervening space of three inches between each incision, cutting only through the skin and subcutaneous cellular tissue. I make the incisions alternate on each side of the nerve, beginning underneath the fold of the *gluteus maximus*. Having wiped off the effused blood, I quickly rub in the composition. The morphine and belladonna allay the pain, and the creasote sets up, if properly applied, a certain amount of local irritation which is very desirable. M. du Chaillu, in his exhaustive and popular work on the gorilla, records a somewhat similar procedure existing among the Celond races. If my memory serves me, caustic lime is the agent he records as being employed.

To every patient suffering from sciatica, I exhibit iodide of ammonium, and I have remarked, as I hope soon to show, that its therapeutic power is superior to the iodide of potassium, but in no complaint will this be appreciated more than in the *eruptive* stages of syphilis and in diseases of the glandular system. The patient, bent double with acute pain, will be found, after the incisions are made and the morphine composition rubbed in, able to move his legs freely in any direction. There is, of course, a numb feeling experienced, but the liberation from acute suffering provokes an expression of gratitude which is conclusive evidence of the value of the plan of treatment adopted.—*Rich. and Louis. Med. Jour.*

TEACHING OF DENTAL SURGERY IN AMERICA.—The correspondent of the *Times* at Philadelphia, writes as follows of the American Schools of Dental Surgery: While Americans of culture to finish their education usually go to the Universities of Europe, in the specialty of dentistry the current is reversed, the graduates of the highest medi-

cal schools abroad coming to the United States, and chiefly to Philadelphia, to finish their dental education. There are in the United States nine dental schools, two being in Philadelphia, two at Boston, and one each at New York, New Orleans, Baltimore, St. Louis, and Cincinnati. Two-thirds of all the students attend the two colleges in this city, of which the "Philadelphia Dental College" is the chief, and it is noticed that about one-fourth of the students at this college are generally from abroad, nearly every country in Europe being represented. Of the high distinction of having graduates from the Universities of London, Vienna, and Berlin, come here to finish their dental education the Philadelphians are quite proud, as they also are of the fact that their city contains the most extensive manufactory of dental instruments and artificial teeth in this country, if not in the world.—*Med. Press and Circular.*

INJURY TO THE TESTICLES.—A correspondent in Pennsylvania writes us as follows:—"Two cases have come under my notice in each of which a testicle was completely denuded, and cures were effected without any unpleasant symptom supervening. The first was a case in which, by accident, near two-thirds of the scrotum was removed, and one testicle completely laid bare. The second, a case of gun-shot wound, in which the right testicle was perforated by a ball. Intense inflammation took place, followed by mortification and loss of the wounded testicle, together with nearly all the scrotum, barely sufficient being left to give the remaining organ a very tightly fitting covering. Both these patients recovered without a single drawback.—*Medical and Surgical Reporter.*

A WOMAN named Cooper, housekeeper to Mr. W. Boyce, at Newmarket, was sitting near a table on which were some poisoned papers for the purpose of killing flies. A fly was seen to go to one of these papers, and then to alight on the woman's nose, which was slightly scratched. The wound speedily became inflamed, in a short time her whole system became affected, and in about twenty-four hours she died.—*Lancet.*

DR. BARNES proposes a new operation of embryotomy by means of the Wire-Ecraseur, which he thinks can be used with advantage in the narrowest pelvis.—*New York Med. Gazette.*

Medical Miscellany.

THE BOSTON OBSTETRICAL SOCIETY.—The following gentlemen were unanimously elected officers of the Society at a meeting recently held:

President.—Dr. Charles E. Buckingham.

1st Vice President.—Dr. Francis Minot.

2d Vice President.—Dr. George H. Lyman.

Corresponding Secretary.—Dr. Luther Parks.

Recording Secretary.—Dr. J. B. Treadwell.

Prudential Committee.—Drs. Chas. G. Putnam, William W. Wellington, of Cambridge, James Ayer, Benjamin E. Cotting.

AMERICAN MEDICAL ASSOCIATION.—The twenty-second Annual Session of the Association will be held in San Francisco, Cal., May 2, 1871, at 11, A.M. The various committees appointed at the meeting in Washington are expected to report. Secretaries of all medical organizations are requested to forward lists of their delegates as soon as elected, to the Permanent Secretary. Any respectable physician who may desire to attend, but cannot do so as a delegate, may be made a member by invitation, upon the recommendation of the Committee of Arrangements.

W. B. ATKINSON,
Permanent Secretary.

Philadelphia.

PROF. RUDINGER, of Munich, has been raised to a Professorship in the University in recognition of his contributions to science in his department of anatomy, and decorated with the iron cross for his services during the present war.

THE CAUSATION OF TYPHOID FEVER.—Dr. EDWIN M. SNOW, the Registrar of the city of Providence, states in his report for November, 1870, that "There were ten deaths from typhoid fever in Providence in November, which number was larger than the average. This disease has been more than usually prevalent in the city during the last three months, though with no approach to an epidemic, or endemic prevalence. In numerous places in the country portions of the State, especially near streams or ponds of water, typhoid fever has been very prevalent and fatal this year. The result of extended investigation in this city and State during the last twenty years seems to indicate that typhoid fever is caused by certain conditions of decaying vegetable matter, while typhus or ship fever results from causes connected solely with animal matter. Hence, perhaps, we have an explanation of the fact that typhoid fever prevails much more in the country than in the city, while typhus is found more where human beings are crowded."

THE NEW ANÆSTHETIC.—The new anæsthetic, *chloralyl* or *ethyliden chlorid*, discovered by the distinguished Dr. Oscar Liebreich, of Berlin, the discoverer of chloral hydrate, is really an agent of great promise. We have during the past two months experimented with it considerably; and we find in our own case it produces anæsthesia quickly, and is free from any unpleasant after-symptoms. It certainly produces less nausea than

chloroform, or ether, the insensibility is very profound, and the agent has a pleasant odor. These are important considerations. The only drawback is its high cost, it being ten times greater than chloroform. With improved methods of manufacture this objection may be overcome.—*Boston Journal of Chemistry.*

DR. ADELLMAN, of Dorpat, strongly advocates forced flexion of the limbs in traumatic hæmorrhages, as a very important hæmostatic measure.

TO CORRESPONDENTS.—Communications received:—Painful Crepitation of the Tendons.—Two Cases of Glioma.

Dr. O'G.'s remittance received from abroad.

CORRECTION.—In JOURNAL of Feb. 23d, in title of Editorial article on page 131, for "Death from Chloroform" read *Death from Ether*.

PAMPHLETS RECEIVED.—Report of the Pennsylvania Hospital for the Insane for the year 1870. By Thomas S. Kirkbride, M.D., Physician in Chief and Superintendent. Pp. 56.—Management of the Obstetrical Forces. By C. C. P. Clark, M.D., of Oswego, N. Y. From the Transactions of the New York State Medical Society for 1870. Pp. 24.—Prostitution and its Sanitary Management. By Edmund Andrews, M.D., Professor of Principles and Practice of Surgery in Chicago Medical College. Pp. 33.

MARRIED.—In Boston Highlands, Feb. 22d, Benjamin H. Mann, M.D., to Miss Martha E. Foss.

Deaths in seventeen Cities and Towns of Massachusetts for the week ending Feb. 25, 1871.

<i>Cities and Towns.</i>	<i>No. of Deaths.</i>	<i>Prevalent Diseases.</i>
Boston	108	Consumption 56
Charlestown	9	Pneumonia 33
Worcester	16	Croup 7
Lowell	17	Typhoid fever 7
Milford	8	Scarlet fever 6
Cheelsea	4	
Cambridge	15	
Salem	6	
Lawrence	14	
Springfield	6	
Lynn	7	
Fitchburg	8	
Newburyport	5	
Somerville	3	
Fall River	7	
Haverhill	9	
Holyoke	7	

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Four deaths are reported from smallpox; two in Holyoke, one in Boston and one in Lowell.

GEORGE DERBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, Feb. 25th, 108. Males, 61; females, 47. Accident, 2—abscess, 1—apoplexy, 1—inflammation of the bowels, 1—bronchitis, 4—disease of the brain, 3—cancer, 3—consumption, 20—convulsions, 2—croup, 4—debility, 3—diarrhoea, 3—dropsy, 2—erysipelas, 1—scarlet fever, 2—typhoid fever, 4—gastritis, 2—hernia, 1—disease of the heart, 4—intemperance, 1—disease the kidneys, 4—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 7—marasmus, 10—old age, 3—paralysis, 3—premature birth, 2—peritonitis, 1—rheumatism, 1—scalded, 1—smallpox, 1—syphilis, 1—teething, 2—unknown, 6.

Under 5 years of age, 41—between 5 and 20 years, 6—between 20 and 40 years, 24—between 40 and 60 years, 16—above 60 years, 21. Born in the United States, 68—Ireland, 28—other places, 12.

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References:

Dr. S. G. Howe, Boston, Mass.
Dr. Edward Jarvis, Dorchester, Mass.
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Dr. GEORGE DUNBY will deliver a course on HYPERMETROPIA, at the same place, on Mondays at 11 A.M., commencing March 20.

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Whole No. 2249. }
Vol. LXXXIV. }

THURSDAY, MARCH 9, 1871. }

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Vol. VII.—No. 10.

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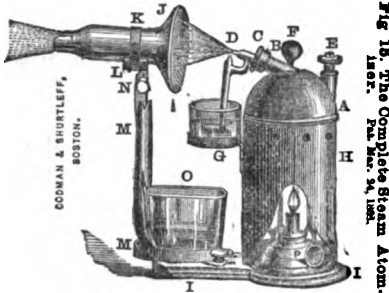


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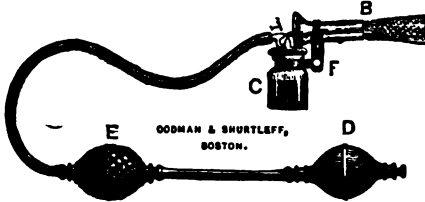
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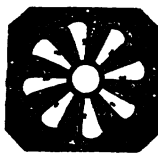
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VACCINE VIRUS, of one perfectly healthy human remove from either of the above. **VACCINE VIRUS** from vaccination of healthy selected infants with the "stock" of the National Vaccine Institution of London, derived in long succession, for seventy years, from lymph collected by Jenner himself; the oldest and best long humanized virus in existence. Crusts, \$3; Tubes, \$2; Packages of points, \$1.50 each.

The Tubes and Points are recommended as the best forms of the cowpox; of the humanised "stock" all forms are equally reliable. I shall be most happy to answer all inquiries touching the subject of Vaccination, and on any week day, from 8 to 4 P.M., to receive the visits of physicians, and exhibit to them heifers in different stages of the disease; but no orders for virus will be noticed without a remittance. The original cowpox lymph will not be supplied to or through agents or dealers.

Address Dr. HENRY A. MARTIN,

Dec 1, 1870.

27 Dudley Street, Boston Highlands, Mass.

HAZARD & CASWELL'S PURE COD-LIVER OIL.

Prepared on the Sea-Shore of Cape Cod and Cape Ann, by Mr. CASWELL, personally,
from Fresh and Selected Livers.

The universal demand for an article of Cod-Liver Oil that could be depended upon as *strictly pure and scientifically prepared*, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the *Fishing Stations*, where the fish are brought to land every few hours, and the livers consequently are in great perfection. Its manufacture is personally superintended by our Mr. Caswell, and every gallon made is closely scrutinized. This Oil is confidently recommended to the Trade and Medical Profession as the *Sweetest and Purest* in market.

It is made of fresh selected livers on the sea-coast, and can be retained by

The nauseous and offensive character of the usual Cod-Liver Oil in use is extremely prejudicial—more so than none at all; so that an article fresh and pure is indispensable.

☐ Sole Manufacturers and Proprietors, CASWELL, HAZARD & CO., under Fifth Avenue Hotel, New York City



the stomach when other kinds fail, so sweet and pure is it from the great care and skill attending its manufacture.

Prof. Parker, of New York, says. "I have tried almost every other manufacturer's oil, and give yours the decided preference."

Prof. Hayes, State Assayer of Mass., after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have carefully studied the effects of different Cod Liver Oils, have unanimously decided the *light straw-colored Cod-Liver Oil* to be far superior to any of the brown oils.

THE BEST THREE TONICS OF THE PHARMACOPEIA.

IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & CO. also call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable

Ferro-Phosphorated Elixir of Calisaya Bark,

a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome without any injury to their active tonic principle, and blended into a BEAUTIFUL AMBER-COLORED COORDIAL, delicious to the taste and acceptable to the most delicate stomach.

A teaspoonful contains one grain of the Salt of Pyrophosphate of Iron, and a pint of the mixture contains the virtue of one ounce of Royal Calisaya Bark. The Profession are warned against many imitations of the Ferro-Phosphorated Elixir of Calisaya, made from very inferior materials.

Ferro-Phosphorated Elixir of Calisaya Bark, with Strychnia.

This preparation contains one grain of sulphate of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effects.

Ferro-Phosphorated Elixir of Calisaya, with Sub-Carbonate of Bismuth.

This combination has now become exceedingly popular with the first physicians of the country, by whom it is efficiently and successfully used in gastralgia, laborious digestion, acid eructations, nausea, debility, and nervous derangements. Each tablespoonful contains eight grains Ammonio Citrate of Bismuth, four grains Pyrophosphate of Iron and three-quarters grain Quinine in its natural state of combination.

Simple Elixir of Calisaya.

Where an efficient tonic is required, and in cases where iron is contraindicated, our simple Elixir of Calisaya will be found of admirable service. In it the finest variety of Calisaya Bark is combined with aromatics and made into a ruby-colored cordial, which is very pleasant to the taste and friendly to the stomach. One pint of the Elixir contains the virtues of one ounce of the Calisaya.

ODO-FERRATED COD-LIVER OIL.

This combination holds sixteen grains *Iodide of Iron* to the ounce of our pure Cod-Liver Oil ["*Oleum Morrhuae*"] in perfect solution, making a pleasant and beautiful, clear, light-brown combination, free from the unpleasant inkiness of the Iodide of Iron. It possesses not only the nourishing properties of the Cod-Liver Oil, but intensified by the powerful tonic and alterative effects of the Iodide of Iron, thereby assisting the assimilation of the oil by the stomach, and increasing its nutrition, making this invaluable remedy (Cod-Liver Oil) far more efficacious in scrofulous and other diseases indicating its use.

This combination is one long desired by the Profession, and one, when Iron is indicated (as in most cases), the practitioner will find invaluable. One of the advantages of the Iodo-Ferrated over all other combinations of Cod Liver Oil is, that a much less quantity is sufficient for a dose, as it contains four or five times the amount of Iodine found in the natural oil. Physicians can rely upon this preparation as containing sixteen grains of the *Iodide of Iron* in each ounce of Cod Liver Oil.

Manufactured solely by

CASWELL, HAZARD & CO.

Cod-Liver Oil, with Iodine, Phosphorus and Bromine.

This preparation represents *Phosphorus, Bromine, Iodine and Cod-Liver Oil* in a state of permanent combination. Bound indissolubly with Caswell, Hazard & Co.'s pure straw-colored Cod-Liver Oil, the Phosphorus and Iodine are carried directly with the oil into the blood and there decomposed.

The following are the proportions and constituents of one pint of our Cod Liver Oil with Iodine, Phosphorus and Bromine: Iodine, 8 grains; Bromine, 1 grain; Phosphorus, 1 grain; Cod-Liver Oil, 1 pint. Manufactured by CASWELL, HAZARD & CO.

JUNIPER TAR SOAP.

This article is highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is manufactured by ourselves from the purest materials, and is extensively and successfully prescribed by the most eminent physicians of New York. Samples of our Preparations furnished free to the Profession on application.

CASWELL, HAZARD & CO.

Successors to CASWELL, MACK & CO.,

Family and Manufacturing Chemists, Newport, R. I., and cor. 24th Street and Broadway,
New York City.

Feb. 2—eply. 2.

Original Communications.

MELANO-SARCOMA OF CHOROID, SIMULATING GLAUCOMA. IRIDECTOMY. SUBSEQUENT ENUCLEATION. DEATH, EIGHTEEN MONTHS LATER, CAUSED BY METASTASIS TO LIVER.

Reported to the Boston Society for Medical Improvement, by HASKET DERBY, M.D., and J. COLLINS WARREN, M.D.

Mr. B., aged 48, consulted Dr. Derby June 4th, 1869. The previous January his attention had been called to his right eye by failure of sight, and by a "drawing feeling" in it. Six weeks later, redness was perceptible, and pain occurred, at first irregularly, but afterwards became continuous. For the past four weeks he had made regular instillations of a solution of atropine, and used shaded glasses.

On examination of the right eye there was found much ciliary redness, abnormal dilatation of the pupil, decidedly increased tension of globe (+ T₂) and only quantitative perception of light. Whether owing to opacity of the media, or not, no reflex from the fundus could be obtained.

The left eye was normal in every respect. A glaucomatous affection of the right eye being apparently indicated by the symptoms present, the operation of iridectomy was advised, and, on the 9th, performed. The intraocular pressure was found unexpectedly great; the wound gaping, after the removal of the iris, and a transparent mass, looking like the edge of the lens, making its appearance between its lips. A tight compressive bandage was applied. On the 12th, patient reported little or no pain since operation. A staphylomatous condition of the parts about the edge of the wound was noticed. The 15th found the wound still open, and a bloody discharge issuing from it; there was much blood in the anterior chamber, and the lens was rapidly becoming opaque. There being now no doubt of the existence of an intraocular tumor, enucleation of the globe was advised, and, on the 17th, performed.

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On making a section of the globe, there was found, over the optic entrance and covered by the retina and choroid, a small tumor the size of a bullet. The orbit was explored and found free.

This tumor was sent for examination to the late Dr. F. C. Ropes, who made the following report:

"I have examined the tumor at some length, and cannot make anything but melanotic cancer out of it. It bears all the gross appearances of malignant disease, and appears to consist of a moderately firm mass, attached to the place of entrance of the nerve; and, proceeding from this, of a soft, roundish mass, both of a black color.

"Anteriorly, where the lens should be, I found something looking like fat. Under the microscope I found some capillary vessels, a lot of what seemed to be altered blood corpuscles, and any quantity of very minute globules of fat. The dark mass (examined at several points) consisted of all sorts of cells, round, caudate, irregular, &c., some containing many large nuclei. But it was very difficult to examine the thing, because the cells, when separate, were extremely transparent, and, when together, formed an impenetrable mass. Besides, *everything* was loaded with the small globules of fat referred to above, greatly obscuring view. The choroid *seemed* free over the tumor, and I should judge that the disease sprang from the nerve, especially as in many places I found what appeared to be nerve corpuscles.

"I must confess that I feel some uncertainty about the specimen, but am disposed to think that it is malignant, and will return."

Mr. B. consulted Dr. Derby again July 9th, when he appeared to be in perfect health.

As will appear from the following letter, written by Dr. Kimball, of Reading, the patient died Dec. 19th, 1870.

"It appears that he was in fair health up to about six weeks before his death, at which time he was attacked with what was supposed to be acute hepatitis and splenitis, but for some time previous his wife had

[WHOLE No. 2249]

noticed that he was not in his usual good spirits, and frequently asked him if he felt ill.

On Sunday, the 19th inst. (Dec., 1870), at 4, P.M., I was called in haste to see Mr. B., and, upon arriving, I found him very much prostrated, skin cool and of a deep yellow color, face anxious and pinched, great dyspnoea, pulse 90 very feeble, very restless, with muttering delirium, in which condition I was informed he had been for about an hour."

(Dr. Kimball, it is proper to say here, had not been his regular medical attendant, and was only called in at this juncture.)

"Upon examination, his abdomen appeared very full and quite hard; there was dulness on percussion from the fifth rib to the umbilicus on the right side, which extended half across the left epigastric region. He seemed to rally under stimulants for a few minutes, but gradually failed, and died at 11, P.M.

From the symptoms and history of the case, I gave it as my opinion that the disease was cancer of the liver.

Autopsy 12 hours after death. Body of subject of good size, and well built. Surface very yellow. Upon opening the abdominal cavity, the liver first claimed our attention by its enormous size and unusual appearance. It extended from about the sixth rib to the umbilicus, and from the right side to near the left. We found that it weighed eleven pounds. It was quite solid to the touch; the left lobe and about half the right were of a deep yellow color, except that it was covered with black spots.

The spleen was quite normal, also the pancreas. The mesenteric glands were somewhat enlarged, and the adipose tissues—in nodules—very yellow.

The ascending colon exhibited spots looking like ecchymoses; the walls under these spots were very much thinner than elsewhere. The transverse and descending colon were less than a sixth their natural capacity, and their walls thickened. The other viscera in this cavity appeared healthy. Finding enough disease here to account for death, we explored no further."

To Dr. Kimball is due the presentation of the entire liver in a fresh state. It was shown to the Society by Dr. J. B. S. Jackson, and demonstrated microscopically by Dr. J. C. Warren, whose report follows.

The liver was very much increased in volume. The whole of the tissue of the left lobe and a portion of the right was apparently replaced by yellowish white nodulated masses of somewhat vary-

ing tint, which were raised at some points several lines above the surface of the organ. This mass was dotted over with a few melanotic nodules, varying in size from a nut to a pea. In the lower part of the right lobe there existed a large melanotic mass, nearly the size of two fists. A few other smaller nodules were scattered about in the upper portion. The small amount of healthy tissue left was situated chiefly in this lobe. In the upper part of this lobe, in the midst of apparently healthy tissue, there were found bright orange-colored masses of varying shape and size, with sharply-cut scalloped edges, which were more clearly brought out by a delicate red border about a line in thickness. This latter belonged to the adjoining liver tissue. In the neighborhood were seen numerous small extravasations.

The masses were friable and could easily be separated from the neighboring parts, leaving a clear, smooth, cup-shaped surface behind them. The masses varied in size from a pin head to an inch or two in diameter. The cut surfaces of the organ, exposed by a free incision, owing to the variety of pathological changes, presented a variegated and striking appearance.

The portal vessels of small, medium, and in some cases of large size, were filled with fresh clots. The hepatic vessels, on the other hand, were empty. Careful and repeated examination of these clots in the fresh state showed them to contain pigment masses and cells; as a subsequent examination, however, of one or two hardened clots in section did not show the presence of these cells, it is possible that their presence was due to want of sufficient care in preventing a contact of the clots with free cells from the neighboring parts. The close apposition of large masses of pigment cells with the walls of the vessels at some points, taken in connection with the above observation, suggested the idea of a perforation of the wall of a vessel at some point, though this could nowhere be detected.

In sections taken from the more healthy tissue some distance removed from the morbid deposits, where the relation between capillaries and liver cells was still normal, a number of cells were seen, resembling abnormally large white blood corpuscles, having a small nucleus and delicate granular protoplasm. Others of same structure, but larger and containing frequently two nuclei, were also found; these latter were generally oval or egg-shaped. No pigment was found in any of these cells.

The cells from the metastatic deposits ex-

amed fresh were mostly of large size, and spindle or flask-shaped, containing a large, clear, oval nucleus with well-marked nucleolus. The melanotic cells contained a coarse granular pigment, which entirely filled the body of the cell. No large pigment masses were found in the cells resembling those described by Knapp as altered red blood corpuscles. The unpigmented cells were crowded with fat granules of varying size, and the cells of both kinds broke upon the slightest violence, so that the nuclei were lying free in the field, and it was somewhat difficult indeed to obtain a perfect specimen of a cell.

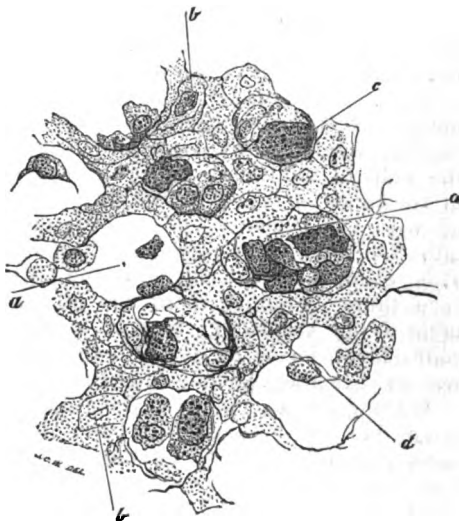
An examination in the fresh state of the yellowish masses above alluded to showed them to be made up of an amorphous debris mixed with fat granules, large numbers of blood corpuscles, and occasionally liver cells and cells of new growth. The red border was due to extravasated blood. Thin sections taken from the neighborhood of these masses in the fresh state and after hardening in chromic acid showed their formation to be due to extravasation of blood from the portal capillaries. This was found to occur in a zone somewhat removed from the vessel and encircling it nearly or entirely, and was well shown where cross sections of the vessel were obtained. The various steps of the process, viz., the crowding of the capillaries with blood corpuscles, their dilatation and rupture, and the consequent breaking down of the liver parenchyma and the formation of a mass of degenerated tissue, could be satisfactorily made out. In the immediate neighborhood of the larger masses these semi-circular or serpentine masses ran together, enclosing a fragment of liver tissue. These peculiar appearances seemed, therefore, to be due to a sort of necrosis or breaking down of the liver tissue, owing to an arrest of the circulation in these parts, and their shape was caused by the anatomical arrangement of the vessels.

The bright orange color was probably caused by the presence of biliary coloring matter. A change similar to this was seen in the midst of the metastatic deposit of the left lobe.

A number of dilated capillary gall ducts were found at different points, generally several in a cluster, containing casts of light green homogeneous matter.

Sections taken from the melanotic mass after hardening in chromic acid and alcohol showed it to be made up of cells of varying shape, size and arrangement. Their disposition in clusters, the presence of more than

one nucleus, and the varying size, indicated an active cell proliferation. This could be best studied at the border, for the line of demarcation was not as abrupt as appeared to the naked eye, and the morbid growth invaded the neighboring liver tissue for some distance around. The earliest changes that could be detected at these points were an accumulation of cells of new formation in the spaces between the liver cells, i. e. the spaces occupied in the normal liver by the capillary bloodvessels and lymphatics. At the most peripheral points, these cells were present in numbers sufficient nearly to fill these spaces; a few of them only contained pigment granules. They resembled mostly those found in the capillaries, and described above. The nearer the mass is approached, the more numerous do these cells become. The spaces are consequently dilated and the liver cells correspondingly compressed. (See wood-cut.) The bands



a.—Dilated capillary spaces.
b.—Network of liver cells.
c.—Pigment cell in capillary space.
d.—Capillary gall-duct.
480 diameters.

of liver cells become narrower as the new cells increase in number until their structure is no longer to be recognized, and we find in their place a net work of fibres, in the meshes of which lie the proliferating cells. These latter have here increased in size and number, and many contain pigment granules. In the centre of the mass this fibre network is lost sight of, and the cells appear to have no definite order. The mass was seamed at points with dense bundles of parallel fibres, between which were packed rows of large, fully developed pigment cells. These cicatricial bands radiated at times

from a central point, and presented an appearance somewhat similar, but not so well marked, as that described by Virchow as distinguishing this form of sarcoma from melanotic cancer. — (Geschwülte, vol. 2, p. 286.)

There was no marked difference in the general shape and arrangement of the cells in the unpigmented deposits. A few pigment cells were found here, sometimes single and sometimes in clusters. The fatty degeneration of the cells was everywhere apparent. That portion of the liver which was free from metastatic deposit had undergone extensive fatty metamorphosis.

The presence of melanotic and white deposits in an organ following primary melanotic disease, is not to be considered very remarkable when we know that unpigmented as well as pigmented cells occur in the original growth.

It was not possible to conclude, with any degree of certainty, from what anatomical structure of the liver the development of the new growth took place. The liver cells did not appear to take any active part in the process. Rindfleisch* considers that the development of the cells takes place in the capillaries, and, moreover, that the cells of the walls of the vessels are the producers of the cancer cells. The capillaries are filled with the growing cells, which project into the liver veins, causing thrombosis. This seems to have occurred in the present case, though whether there was an actual invasion of the larger vessels by cancer cells, must be considered doubtful. It was not possible to decide whether the new cells grew in the capillary vessels or the lymph spaces, though the fact that in the unaltered capillaries proliferating cells were found, would speak for the supposition that the vessels were the seat of the growth. The walls of the capillaries in the neighborhood were unaltered; when the cells began to form in masses, the structure of the wall could no longer be made out.

A NEW AND PRACTICAL METHOD OF DISINFECTION.

By EDWARD H. HOSKIN, Grad. R.C.S.L., L.S.A.,
M.P.S.L., Boston.

I WISH, through the columns of your JOURNAL, to call the attention of the profession to a new and simple apparatus designed by myself, the object of which is to vaporize certain chemical substances, and thus thoroughly to disinfect the air, walls, ceiling,

and, in short, the entire contents of any apartment, however large.

The instrument by the aid of which this is to be accomplished may be briefly described as consisting of a bottle, wick, and—attached to the free end of the wick—a bulb of spongy platinum. Into the bottle should be poured an alcoholic solution of the substance which it is desired to vaporize (for instance, carbolic acid); the wick is then to be lighted, and the flame extinguished as soon as the ball becomes red hot, which requires but two or three minutes. The ball is now fed continuously by the wick, and will continue red hot as long as any fluid remains in the bottle, and, in this condition, it will readily vaporize the substance in solution, minute particles of which are thus scattered throughout the atmosphere.

The following may be enumerated as a few of the cases in which it is thought this instrument will be found useful.

Firstly. In zymotic diseases, for disinfecting the persons of patients as well as those of the nurses and other attendants, also the furniture, walls, ceiling and air, this method offers many advantages over any other hitherto suggested. In scarlatina, smallpox, &c., there are strong grounds for the belief that the poisonous germs of the malady, emanating from the body of the patient and exhaled with every breath, fill the air of the sick chamber, adhering to all objects within the room, and that each of these germs, unless in some way neutralized or destroyed, may become the focus of future infection. It is true that these germs are so minute that their presence has not yet been detected with certainty, even with the aid of the microscope, still we have very strong circumstantial evidence of their existence. Furthermore, experiments have demonstrated that if liquids or solids containing these germs are brought in contact with certain chemical substances, such as carbolic acid, sulphurous acid, &c., even in the smallest appreciable quantity, they are, by some process not yet satisfactorily explained, rendered completely innocuous. In scarlatina, in particular, the results of this theory have been repeatedly shown, and the inevitable deductions are such as must carry with them great weight, so that, at present, when one member of a family is attacked with this contagious malady, so great is the confidence felt in these prophylactic measures by those who have given them a trial, that it is no longer considered necessary to remove those of the family who have not previously contracted the disease.

But while the body of the patient may be

* Rindfleisch Lehrbuch der Pathologischen Gewebe-
! 2d edition.

disinfected by simple outward applications, it has long been felt that some ready process was needed for attacking more effectually those germs which float in the air or adhere to the walls and ceiling. For this purpose this little instrument will be found particularly efficient.

2dly. In the recent recommendations of the Commissioners on the contagious diseases among cattle of this State, the importance of thoroughly disinfecting barns and sheds is urged in order to arrest a prevailing epizootic, but it will be observed that no method is suggested for effectually carrying out such a process. I am confident that the result here desired could be most readily obtained by placing in these buildings, for twenty-four hours, two or three of the instruments here described. Other objects to which this apparatus may be applied will continually suggest themselves; as for instance, for neutralizing the offensive odor of dissecting rooms, surgical wards, for purifying the holds of emigrant ships, for disinfecting cars and carriages in which persons suffering from contagious maladies have been conveyed, or even horse or steam railroad cars to which any suspicion of such conveyance may be attached, or which need to be purified from other causes. By introducing into the bottle a solution of iodine, cannabis indica, or the like, this instrument may be substituted for the various atomizers now in use, for administering these various drugs by inhalation.

I have ventured to give the name "Eudi-pile" to this instrument, and although its construction was suggested by the old and well-known scientific toy employed in Eudiometry, it differs from the latter in several essential particulars.

Of course, the bottles to contain the disinfecting liquid may be made of different capacities, to correspond with the size of the apartment to be disinfected.

It has been estimated that a bottle holding two ounces will throw out a constant stream of vapor for about sixteen hours, at an expense not exceeding twenty cents.

PHARMACEUTICAL LEGISLATION ON THE SALE OF POISONS.

By C. W. STEVENS, A.B., M.D., Charlestown.

In view of the great number of cases of poisoning occurring every year, I was recently led to examine the General Statutes of Massachusetts, and, to my surprise, found the following statute:—

"CHAP. 166. SECT. 7. If an apothecary or other persons sells any arsenic, strychnine, corrosive sublimate or prussic acid, without the written prescription of a physician, he shall keep a record of the date of such sale, the article, the amount thereof sold, and the person or persons to whom delivered; and for each neglect he shall forfeit a sum not exceeding fifty dollars. Whoever purchases deadly poisons as aforesaid, and gives a false or fictitious name to the apothecary or other person, shall be punished by a fine not exceeding fifty dollars."

That is all there is in regard to the sale of poisons—no forbidding of the sale of poisons, no requirement of a special label. The only mention of the subject is in regard to four poisons, and the only condition of sale is that the same be recorded.

If we now turn to the statutes of New York, we find there is one step farther taken in the right direction. The Statutes forbid the sale of poisons, except from a prescription, unless the package contain, 1st, the name of the apothecary; 2d, his residence; 3d, the word poison; and, 4th, that the sale be registered.

An act to regulate the sale of poisons (1860) prescribes, 1st, that "No person shall sell or give any poison or poisonous substance without recording in a book to be kept for that purpose the name of the person receiving said poison, his or her residence, excepting upon the written order or prescription of some regularly authorized practising physician, whose name shall be attached to such order."

2d. "It is farther enacted that no person shall sell, give or dispose of any poison or poisonous substance, except upon the order or prescription of a regularly authorized practising physician, without attaching to the vial, box or parcel containing such poisonous substance, a label with the name and residence of such person and the word poison, all printed upon it with red ink, together with the name of such person written or printed thereon in plain and legible characters."

"Any person infringing any of the provisions of said act shall, upon conviction, be deemed guilty of a misdemeanor, and shall be punished by a fine not exceeding fifty dollars."

On examining the pharmacy act of England, there is still another step taken. The purchaser must be known to the apothecary, and the label of the package must contain, 1st, the name of the apothecary; 2d, his residence; 3d, the word poison; and, 4th, the name of the article. The articles

included under the "Poison Act" are definitely given, and are furnished to every dispenser of medicines.

By turning to Germany, we find its laws peremptorily forbid the sale of poisons, unless from prescription, with the exception of vermin-killers and drugs used in the arts or trades. But these very vermin killers are the cause of a vast deal of mischief, as our toxicological annals show.

The following extracts are from a prospectus for a new pharmaceutical statute* in Baden, on the sale and delivery of medicine:—

"ART. 60. Every patient is the possessor of the prescription written for him, and, when paid for, can demand it back, except it contain poisonous substances.

"ART. 61. Drugs which produce emesis, or can be used as poisons, drastics, and such as in small doses act violently on the human system, shall never be delivered without a prescription signed by a regular physician.

"ART. 62. Poisonous or drastic substances, used merely for the destruction of noxious animals, or for the purposes of the arts or trades, shall be delivered only to those persons well known to the apothecary as acting in good faith, and to those having a prescription signed by a regular physician. The following conditions shall be affixed to the sale:—1st. That the purchaser give a receipt, signed by himself, stating the use, quantity and quality of the poison, as well as the day and hour of the purchase. 2d. That the drug shall be labelled poison. 3d. That such drugs shall be delivered to no child, servant, or drunken person.

"ART. 64. The drugs mentioned in Art. 61 shall be registered in a book kept for that purpose, with the name of the poison, with the directions, and the name and address of purchaser."

I think we shall find that France, in a few words, makes the right statute, which will answer every requirement:—

"The sale of poisonous substances can be made only by apothecaries and on the prescription of a regular physician. This prescription must be signed, dated, and indicate the dose and mode of administration. The druggist shall copy said prescription on a record book kept for that purpose. Before delivering the poisonous substance, the druggist shall affix a label bearing his name and address, with directions for the use of said substance."

I have thought it might be useful to collate the statutes of some different countries on this subject, considering its great importance. The lives of our fellow-beings are frequently sacrificed by carelessness in writing prescriptions, by the blunders of apothecaries, and by the mistakes of nurses; but they might be avoided by greater care and education. Let us at least urge the adoption of laws which may avert one source of suicide and homicide. Many if not all of our druggists sell poisons, such as laudanum, oxalic acid and arsenic, without hesitation and frequently without question; as a proof of which I will briefly relate a few cases happening within my own observation. In all the following cases the drugs were purchased from apothecaries without a prescription.

CASE I.—A young woman procured from an apothecary's clerk an ounce and a half of laudanum, which she drank. She was saved by an emetic.

CASE II.—Mrs. — obtained an ounce of laudanum, which she drank, and was saved by an emetic.

CASE III.—Mr. G. obtained some oxalic acid in powder, which he purposely drank in solution, and died in half an hour.

CASE IV.—Mrs. — obtained some oxalic acid for domestic purposes. One day, desiring to take some Epsom salts, she mistook the acid for it, and died within an hour after taking the poison.

CASE V.—Mr. R. procured several times from the same apothecary arsenic, with which he poisoned a man and his wife.

CASE VI.—Mrs. — bought half an ounce of arsenic, of which she took the greater part for suicidal purposes. She was saved by emetics and antidotes.

CASE VII.—A young man called for four grains of opium in two powders, of which he gave one to a child. The child died.

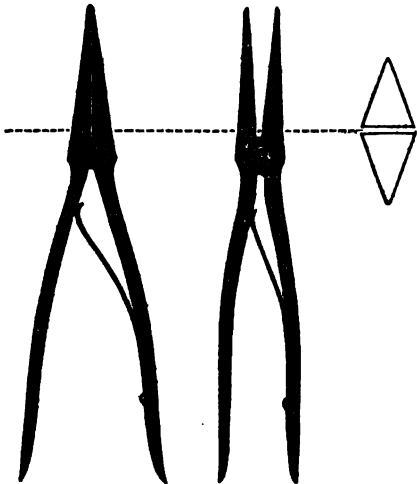
CASE VIII.—Mr. S. obtained two grains of morphine, which he took suicidally, and died.

In these eight cases are six deaths. If to these eight cases I should add all the cases which have occurred in the practice of all the physicians of Massachusetts, the number would undoubtedly be very great. I consider a stringent law, prohibiting the free sale of poisons, of more importance than one that every apothecary shall have a diploma, for apothecaries with diplomas do not hesitate to sell poisons without a prescription. I call on the profession at large to state their views on this matter, and relate their experience of this lawless manner of dispensing death.

* Entwurf eines neuen Medicinalordnng.

MASSACHUSETTS GENERAL HOSPITAL
SINUS DILATOR.

THE annexed figures, two inches and a half in length, represent, in quarter size, a dilator used by Dr. Bigelow in opening deep fistulous tracks; leading, for example, to necrosis of the femur.



Dilator, one quarter size, with section of blades, actual size.

This instrument is also of especial utility in the discovery and extraction of bullets. By approximating the handles, the blades are opened, and the sinus is at once dilated so as to admit the finger and polypus forceps freely. The edges of the blades being rounded, stretch and tear instead of cutting, and the risk of hæmorrhage from deep arterial twigs is less than when divided by a knife. For the above-named purpose it also supersedes the use of tents; the patient being, of course, etherized or otherwise insensible. H. H. A. BEACH.

Selected Papers.

CASE OF SUPPOSED UTERO-TUBAL PREGNANCY.

By I. P. WIDNEY, M.D., Los Angeles, Cal.

Mrs. —, primipara, aged twenty-eight. Had gone to full term with comparatively little trouble, the only peculiar feature complaint of constant dull pain in right side of abdomen, apparently external to line of uterus; labor of about twenty-four hours' duration; pains frequent and severe, for the last few hours almost incessant, but

with little expulsive force; os uteri during early part of labor very rigid, but yielding gradually under nauseant effect of ipecac; local application of unguentum belladonnæ, and dilatation with finger. Head presented, occiput toward left acetabulum; child of medium size, well formed, and born alive; the pains to the last, however, markedly deficient in expulsive power, the contractions, though very severe, seeming irregular in character, but as the presentation was normal, the pelvis of fair size, no obstacles appearing, and the progress steady, though slow, there was no need of instrumental interference.

After delivery, the uterus remained unusually large and irregular, as felt through the walls of the abdomen; all pain ceased immediately upon the birth of the child. No contraction returning, and the uterus still retaining its unusual volume, after a delay of fifteen minutes I gave a dose of ergot; this was repeated several times; cold-water applications, made with napkins over abdomen, and titillation of os uteri employed. By the end of an hour and a half, not the slightest contraction returning, I became satisfied that there was some abnormal condition interfering, and that further delay was useless. Informing the patient of the necessity of the proceeding I proceeded to extract the placenta; upon inserting the hand I found the cavity of the womb quite large, but *empty*. Following the course of the cord well up the right side, about the point where the Fallopian tube should be, the membrane and a portion of the placenta were projecting into the cavity of the uterus, through a circular opening about two inches in diameter; passing the finger in through the opening I found it a tube, with regular, even walls, maintaining the diameter of the orifice, as it led off directly toward the right side. The placenta could be felt, still partly attached, and the roughened surface from which it had been partly separated during the pains of labor. The adherent portion was detached with comparatively little difficulty by the finger, and the whole mass came away entire, the womb contracting more completely, and leaving the patient comfortable.

I was apprehensive that the irritation necessarily resulting from the unnatural attachment of the placenta might result in an attack of peritonitis. The patient remained free from any bad symptom for some twenty hours, when the characteristic pain set in, with tenderness directly over the enlarged Fallopian tube. Inflammation

gradually extended over the abdomen, with excessive tympanites, and death ensued upon the sixth day. After the second day Dr. Griffin, to whom I am under great obligation in the case, attended with me. No post-mortem examination was permitted.

The case, I believe, in some respects, is different from any upon record, for while the placenta was attached from the uterine orifice of the Fallopian tube back along the course of the tube, the stretching of the membrane had allowed the child gradually to emerge into the cavity of the uterus, and there become developed as in ordinary pregnancy, thus being unlike tubal pregnancy.

It appears to be one of the cases spoken of by Cazeaux as a possibility, under the name of utero-tubal pregnancy. In support of this view, I will call the reader's attention to a few considerations. My first thought on introducing the hand, was of hour-glass contraction. I had had a case of that kind—the first I ever met with—only about a month before. Every feature, however, of the present case satisfied me that it was different from the former.

1st. The cavity of the uterus, instead of being diminished in size, as where a portion is cut off by the hour-glass contraction, was unusually large and relaxed, and the walls soft and yielding, and entirely free from any spasmodic rigidity. The unusual size impressed me at the time.

2d. The abnormal cavity, instead of involving the fundus, was partly, probably one-fourth, of the distance down the right wall.

3d. Instead of the walls of the uterus being drawn and contracted, the uterine cavity narrowing, adjacent to the opening, the surface was perfectly smooth and regular, the orifice seeming more like a circular opening cut in the side of a large vessel—nothing revealing its existence until the finger encountered the edge.

4th. The cavity of the tube did not increase in size after passing the orifice, but continued with the regularity of calibre that marks a section of pipe or hose; neither was there any rigidity of the edge around the orifice—it was soft and yielding as a portion of the uterine wall.

5th. The direction of the tube was off toward the right side, inclining slightly downward; this continued to the length of the index finger, employed in detaching the placenta.

6th. The placenta was in no way constricted or retained by the form of the cavity, but perfectly loose and unhampered; the

moment it was detached it came away readily. Also, it was not attached to the extremity of the tube, nor to its entire wall, but to its lower and posterior surface; the cord, instead of facing toward the uterine cavity, facing directly forward, and turning at a right angle, parallel to the membranous surface of the placenta, to follow the course of the tube and enter the cavity of the uterus.

7th. Upon the removal of the placenta, the tube showed no tendency to change its form, but remained the same in shape and size. This I noticed before the hand was withdrawn, and by external examination for some time afterward, very slight pressure upon the walls of the abdomen revealing its shape.

8th. The tenderness felt during pregnancy over this spot. The same soreness after labor, still referred to the same point, and not over the normal position of a properly contracted uterus. The pain, too, gradually extended a little farther toward the right side, as if following the channel of the Fallopian tube, before reaching the point from which it seemed to spread over the cavity of the abdomen.—*Pacific Med. and Surgical Journal*.

SPEEDY AND SPONTANEOUS RECOVERY FROM RUPTURE OF RECTUM AND BLADDER.

By O. C. GIBBS, M.D., Frewsburg, N. Y.

IN the summer of 1869, I was called to see Mr. L—, a Swede, aged about 55 years. Being called about bedtime, and the patient living about eight miles away, and the intervening road being quite bad, I did not visit him till next morning. I found the patient in bed in a log hut, with but one room, and he all alone. The floor was literally covered with blood, and the bed saturated with the same fluid.

On attempting conversation, I found my patient could not speak, or even understand, a word of English. An interpreter came to my aid in a few moments. I ascertained that, on the afternoon before, while pitching hay off a wagon, and that the last of the load, and pitching up to a considerable height, his foot slipped and he fell backwards on to a sharpened stake of the rack. The stake entered the anus so centrally as to show very little signs of injury, but passing up, must, from the nature of things, have severely lacerated the rectum and bladder. Falling still farther, the stake was broken off, and subsequently withdrawn by his co-workman.

Hæmorrhage had nearly ceased, yet I considered it prudent to give him a cold water injection; and, as he had whiskey in the house, I ordered a free dose. Smelling a very strong odor of urine about the house, I inquired if he had passed his urine involuntarily, and learned that, since the injury, he had passed no water by the urethra, but entirely by the anus. No examination per rectum having been made up to this time, I did not know the bladder was injured. As soon as the patient rallied a little, I had him lifted on to his feet, and, while supported, ordered him to attempt to make water while standing. He made the attempt, and a stream of urine spirted from the anus.

On laying him down I made repeated attempts to pass a catheter, but his shrieks and contortions from pain compelled me each time to abandon the attempt, and his Swede friends were so alarmed that they insisted upon my abandoning the attempt. Having no chloroform with me, I felt compelled to do so.

The broken stake was shown me; it was of ash, $1\frac{1}{2}$ inches in diameter, and full a foot in length.

Seeing but little I could do for him under the circumstances, I ordered the bed to be changed and floor cleansed; also, cloths put under the hips to catch the urine, which cloths could be removed at pleasure and others substituted, and by no means to let the bed get saturated with urine. I also ordered small doses of opium to be administered every six hours, and an ounce of whiskey every six hours, and such reasonable nourishment as he might desire, and left the case for that day.

Circumstances were such that I could not see him on the succeeding day, but on the second I saw him and found him comfortable, without any very great vascular excitement. He still passed his urine from the anus. He positively refused to have another attempt made to pass the catheter. My design was to pass a gum-elastic catheter, and leave it there, through which the urine might pass, and thus avoid its irritating effects upon the wounded surfaces. He also refused to take any medicines.

If my memory serves me right, I prevailed upon him to take wintergreen tea and drink elm water. I now left the case, telling the friends that, as he would submit to no treatment, it was useless to visit him, and I should only come when called.

I heard no more from the case for several weeks, when, on seeing a friend of his and making inquiry, I learned that, within three or four days from my last visit, he began

to pass urine slightly by the urethra, and, after a few more days, he had full control of the urine and passed it entire by the urethra. After about two weeks from the date of the injury he was out doing light work, and, after a few weeks more, went to work on a railroad then being constructed, with shovel and barrow, doing full days' work, at which kind of labor he is still engaged.—*Buffalo Med. and Surg. Journal.*

EXSECTION OF THE HEAD OF THE HUMERUS FOR "CHRONIC RHEUMATIC ARTHRITIS."

By GEO. C. BLACKMAN, M.D., Prof. of Surgery in the Medical College of Ohio, Cincinnati.

I AM indebted to Dr. F. Anderson, one of the resident physicians of the Cincinnati Hospital, for the report of the following case, in which I had occasion to perform exsection of the head of the humerus under circumstances perhaps unique; at least, I have been unable to find the report of a similar case. Mr. Robert Adams, of Dublin, in his most excellent treatise "On Rheumatic Gout, or Chronic Rheumatic Arthritis," &c., London, 1857, acknowledges the difficulty of proposing any unobjectionable name for the disease under consideration, the remarkable character of which is that it seldom goes on to suppuration, "as other inflammatory and subinflammatory affections of the different articular textures do." At page 161 Mr. A. refers to certain instances in which the head of the humerus, under the influence of the changes induced by it in the structures of the shoulder-joint, suffers displacement directly downward on the axillary margin of the scapula, as in our own case. Instead of the normal globular form of the head of the humerus, we found it flattened and its axis changed, with the other morbid appearances so well described by Mr. Adams.

Patrick Hays, an Irishman, aged fifty years, was admitted into the surgical ward of the Cincinnati Hospital, March 31, 1870. Fifteen years ago, he lost the index-finger, and all the terminal phalanges of the left hand, from the effects of frost. Two years subsequently, he sustained a compound fracture of the right arm, necessitating amputation at the lower third. He had never contracted a venereal disease. Four months previous to admission the anterior portion of the thorax was thickly covered with an eczematous eruption, and a large tumor presented itself in the left mammary region, from which came a free purulent discharge.

On admission there was very limited use

of the left arm; the head of the humerus could be thrown easily from the cavity by passive motion, giving a crackling sensation; a chain of enlarged lymphatic glands was traced down the axillary region. The tumor was the size of a blacksmith's fist. The spontaneous opening was enlarged, and a large amount of purulent matter evacuated. The eruption gradually yielded to the administration of liq. potass. arsenit., and the general condition of the patient was much improved by large doses of syrup of iodide of iron and manganese.

On the 24th day of May, an incision was made from a point over the left acromion, extending downward three and one half inches; and when the capsular ligament was penetrated a yellowish thin fluid escaped, and a fistulous tract connecting the cavity of the joint with the pectoral abscess was disclosed. Through this incision the dislocated head of the humerus was turned out, and two inches of porous, softened bone removed with the saw. A solution of five grains of carbolic acid and one ounce of water was injected down the fistula, and a compress adjusted. Quinine and whiskey, with a nourishing diet, were ordered. By the 14th of June the tumor had disappeared, and the discharge of the purulent matter from the lower opening was slight. Early in September, the incision over the joint was completely closed, and he was transferred to the infirmary in excellent health.—*American Practitioner.*

Reports of Medical Societies.

BOSTON SOCIETY OF MEDICAL SCIENCES. J. ORNE GREEN, M.D., SECRETARY.

JANUARY 3d, 1871.—The Society met at the house of Dr. Jeffries, Dr. White in the chair.

Dr. Wigglesworth read a paper on the histological development of epithelial carcinoma, according to the views of Koester, of Würzburg. [The paper was published in full in this JOURNAL, Jan. 19, 1871.]

In reply to a question by Dr. Ellis, Dr. Wigglesworth said that these investigations as to the origin of cancer had been carried out with a like result in cancer of the deeper, internal organs.

Dr. Ellis said that in the cases of canceroid which he had examined, he had *always* found the characteristic balls, consisting of cells closely packed together; but in the

deeper organs, with generalized cancer, such cells were not usually found, he thought.

Dr. Fitz stated that he had found these onion-like balls in uterine cancer which had become generalized. He also said that, in epithelial cancer of the skin, an opening or lumen not infrequently exists, but whether this is a lymph-vessel or a blood-vessel he was unable to say: in the cases in which he had observed it, however, the sections had been made, not as Dr. Wigglesworth described, but parallel with the long axis of the papillæ.

Dr. Warren said that it seemed to him that Koester, in his investigations, had not paid sufficient attention to the part played by the rete-mucosum, which, in epithelial cancer, is often found to be much thickened, those portions of it lying between the papillæ growing inwards into the other tissues. Auspitz, he said, from recent investigations, is led to consider that the rete-mucosum is developed before the papillæ, and has, so to speak, an independent existence: in regard to epithelial cancer, he (Auspitz) advances the theory that it is an ingrowth of the rete-mucosum into the tissues beneath. Billroth also speaks of the active part played by the rete-mucosum in this process, and considers that the tubular masses of cells or cell threads grow in the plasmatic spaces of the connective tissue.

Dr. Warren also said that in examining an ulcer of the face, evidently epithelial, he had observed what appeared to be capillary lymphatics crowded with epithelial cells; there was, however, no cavity or lumen to be distinguished in these cases.

Dr. Webber then read a paper on the "Relation between lesion of the nervous system and muscular atrophy," giving the histories and minute dissections of numerous cases from authors, from which he concludes that these cases point to the vicinity of the tractus intermedio-lateralis as that portion of the cord by the lesion of which fatty or granulo-fatty degeneration of the muscular fibres is induced. The paper will be published in full.

Dr. Blake called attention to the occasional existence of larvæ in the ear, and showed one which he had recently removed; it belonged to the genus *Lucilia*, and was taken from the middle ear of a child. In two cases seen by him, where larvæ were extracted alive, the membrana tympani had been destroyed by a recent inflammatory process in the middle ear, and there was profuse and offensive discharge, which, a short time before the removal of the larvæ, had been observed to be streaked with

blood. The chief interest lies in determining the manner in which the larvæ effect their entrance into the ear and maintain their position despite vigorous efforts at their dislodgment by means of syringing. An examination into the habits of the fly affords the desired information. In the first of the cases, five well-developed larvæ, apparently those of a fly belonging to the family Sarcophaga, were taken from the middle ear and inner end of the meatus; in the second case, but one larva (the specimen exhibited) was found. The Sarcophaga and Lucilia belong respectively to the classes of viviparous and oviparous muscidæ. In sarcophaga the eggs are hatched in large numbers within the body of the mother, and the larvæ when born are ready to begin the first stage of their active existence and seek food for themselves. The body is made up of a series of wings, terminating in a long, tapering head, armed with a pair of hard and sharp mandibles projecting forwards and downwards, with a slight curve backwards. At the birth of the larva, it may be seen protruding for about half its length from the abdomen of the fly, and moving its head in search of something to which it may attach itself; should a piece of meat or other such object be presented, the mandibles are driven into it and the larva withdraws itself from the body of the mother, and is immediately followed by another and another till several have been delivered. It moves upon any soft substance by attaching the mandibles and then drawing the body forwards, and repeating this procedure is able to progress with considerable rapidity.

The larvæ of Lucilia are distinguishable from those of Sarcophaga by the truncated posterior extremity which exhibits, moreover, but two spiracles in contrast to the three pair of allied larvæ. The head, like that in sarcophaga, is pointed, and has a pair of mandibles. The eggs are hatched generally within a day, under favorable circumstances of warmth and moisture within a few hours after being laid; after breaking from the egg, the larva attaches itself in the manner already described and effects its delivery from the egg. An examination of the mandibles in both cases shows them to be very formidable in proportion to the size of the body; and this, as well as their shape and direction, explains the tenacity with which the larvæ cling to the surface to which they have attached themselves, and would account for the blood appearing in the discharges of the ear shortly before their presence was discovered. Placed

upon a piece of meat, the larvæ soon burrow beneath the surface; but as air is necessary to their existence, as well as warmth and moisture, the posterior extremity, with the spiracles, is generally exposed. In the same way they would seem to creep into the deeper parts of the ear, and may usually be found with the head directed inwards.

Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 9, 1871.

THE UNITY OR THE DUALITY OF THE VENEREAL POISON.

So much interest has been felt in the recent investigation of this subject, that no apology is needed for giving still farther remarks made by Mr. Morgan before the Surgical Society of Ireland on the 20th of January. The views expressed by Mr. M. at a former meeting of the Society were given in the JOURNAL of December 1, 1870.

Mr. Morgan said there was one point which he considered of much importance, particularly with reference to the extension of the Contagious Diseases Act and the necessity for examinations—and that was, the persistence of the contagious and specific property of the vaginal discharge. He would illustrate this by a remarkable case. A woman was admitted into hospital suffering from the usual symptoms of constitutional syphilis. She was under his care for two months, and at the end of that time he made an inoculation from the vaginal discharge and produced one of those soft sores of which he exhibited drawings; whether it would have produced a hard sore in the virgin subject was one of the questions at which they had yet to arrive. This woman got so well that she was placed in the laundry of the institution. She was there three months and at the end of that time again came under his care, when he found she had some patches in the mouth. In order to ascertain whether the vaginal secretion was capable of producing inoculation he inoculated with it, and found, although it was five months since she first came under his care, that it was capable of producing a soft sore. His theory was that the soft sores which were so frequently seen in men were caused by the vaginal discharge of women constitutionally infected by true syphilis. Within the last few months a case of infec-

tion from a child had come under his observation. A healthy woman, wife of a rope-maker, and who had produced a healthy child, was selected as nurse for the child of a gentleman. She was a fine woman, and weighed thirteen stone six pounds when she went to nurse the child on the 30th of August. On the 16th of September, the child died syphilitic, and in a week afterwards sores appeared on the woman's breast. This child had mucous patches on its mouth and genitals; but the appearance on the woman's breast (well represented by the drawing he exhibited), was as like a soft sore as they could see. Thus they had the same primary appearances in a virgin soil, as in those cases in which he had inoculated the infected subject with the vaginal discharge, which he thought a secondary product. It was stated on the previous evening by Dr. McDowel, his colleague, that a mucous tubercle was not inoculable. He might remind him, however, of the case of a little child, two years old, who had infected its grandmother, sixty-eight years old, from mucous patches on the lip where he, Mr. Morgan, had successfully inoculated it on the side from a mucous patch at the anus.

Mr. Morgan said Prof. Bœck in his work, it so happened, gave five cases in which the pustules were produced by inoculation from mucous tubercles. *Three of these were in men*, and in them the inoculation was from an anal mucous tubercle, which was a full refutation of Dr. McDowel's idea. Now, if they found the mucous tubercle and the vaginal discharge produced the same thing, it would solve the question as to the vaginal discharge or gonorrhœa in a tainted system being a derivative from true syphilis. He had procured gonorrhœal discharge from men in hospital, and also from women free from taint and inoculated with it, but never could produce any result. Therefore, it appeared that from the vaginal discharge of a person constitutionally tainted he could produce the characteristic pustule and soft sore, but from the vaginal discharge of a woman not tainted he could produce no result. The pustules were not only produced but were capable of being reproduced to an indefinite extent. The question of auto-inoculability was next to be considered. If the secretion be of the same nature as that of a hard sore they might suppose that it would not be capable of inoculation on the patient's self. The contrary was the case. For instance, a girl came under his care having a soft sore and suppurating bubos. She ran down to the extreme of

cachexia, but finally recovered. From this girl's vaginal discharge, suffering from almost every constitutional symptom of syphilis, he was able to inoculate not only herself, but others, the sores produced by the inoculation being soft sores. He found, therefore, that this discharge was capable not only of producing the pustules and so-called soft sores on the patient's self, but that these were capable of an interminable reproduction. He wanted further to test the power of this discharge and see whether it resembled the syphilitic sore in being not inoculable on animals. He inoculated young, old, and pregnant rabbits in every part of the body, but he never could produce any palpable result. On the inside of the thigh of one of the rabbits there was some little irritation, but this was of no importance. The young of the rabbits did not exhibit any symptom, and it was evident that the supposed transmissibility of the soft sore virus was not in this instance successful with these animals. The next point of interest to consider was that of syphilization. He was not to be considered as an avowed advocate of this treatment, but he desired to inquire into its efficacy, as from the results it seemed a more important method than had been at first supposed, and should not be hastily rejected. Some remarkable experiments on the subject had been made lately in America. Mr. Bumstead, who had formerly upheld the dual theory, was, he thought, much shaken in his opinion with regard to it; and as to syphilization he states, "From what I have personally witnessed and from the accounts of others, I believe it is a very effective method for the treatment of syphilis." When a man of such authority expressed so strong an opinion he, Mr. Morgan, thought the matter was worthy of calm and careful consideration. The principal point, however, which he (Mr. Morgan) wanted to refer to just now was, as regards the inoculability of the two kinds of sores. Originally, Mr. Bumstead believed in the dual theory—that the soft sore would only localize itself and produce local effects, and that the hard sore would not be inoculable on a person already tainted with syphilis. Bœck originally performed his experiments with soft sores, but now came out a very extraordinary fact, which was, that in Christiania they had no difficulty in producing inoculation from hard sores and in producing pus. M. Bœck had kindly forwarded him a specimen of the pus thus produced, which he now exhibited to the Society. Two remarkable cases are given in Hays's *American Journal*

for Aug., 1870, by Mr. Bumstead—in one of these, as now shown in the diagrams (which were exhibited), all the inoculations were made from soft sores, and yet under the treatment of using the virus of a disease held by the dualists to be distinct, the symptoms got well and immunity was attained. In the other case the inoculations were practised from three sources—viz., 1. From pustules produced by soft sore virus on a tainted subject. 2. From avowedly hard sores in infected cases. 3. From soft sores themselves. After a certain time—Mr. Morgan showed by referring to the diagrams before the Society—immunity from any of the sources was attained, and any of the poisons used for the purpose of inoculation produced pustules and characteristic sores. Thus they found the remarkable fact which Böck had described, that as soon as a patient was non-inoculable from one kind of sore he became non-inoculable from the other; and when he had immunity from the one he had immunity from the other. Böck at the Venereal Commission says, "If there were two different poisons, and you had syphilized a person with one form of those poisons and then you took the matter from the other poison you could go on with a series of inoculations as from the first time, but that you cannot do. This, I believe, is a proof and the best proof that I can adduce." Another case given by Mr. Bumstead was that of Mary S., a very intemperate person employed as a nurse in a hospital. She was saturated with the syphilitic poison, and he found it usually impossible to produce the slightest effect on her with any virus in his possession. The virus from both hard and soft sores was repeatedly tried, but she could not, without great difficulty, be inoculated with either. With regard to the non-sequence of secondaries after soft sores what were the facts? A number of men get soft sores and do not suffer, and every one admitted that when a man had a hard sore with induration, constitutional signs were more likely to follow. The question then was, were they two poisons, or was there some modifying influence at work? He (Mr. Morgan) had inoculated a series of cases in the Lock Hospital, all young girls on an average under eighteen years of age, and all of whom stated that they were not previously diseased, and which he quite believed was true. He auto-inoculated these from their own sores, soft sores about the vulva, and they were eventually, sooner or later, covered with secondaries.

THE ANNUAL COMMENCEMENT OF THE MEDICAL DEPARTMENT OF HARVARD UNIVERSITY took place yesterday at 11 o'clock. The President and Faculty, with Members of the Corporation and Board of Overseers and invited guests, met, as usual, in the Museum, and proceeded thence to the lecture room, where the Commencement exercises were held. Prayer was offered by the Chaplain of the University, Rev. Dr. Peabody. Eight gentlemen of the graduating class then read portions of their theses, as follows:—

I. Auscultation and Percussion, Thomas Thatcher Graves. II. Dysmenorrhœa, Thos. William Musgrove. III. Amputation at the Knee-joint, Edward Stickney Wood. IV. Rational Treatment of Disease, John Cotton. V. Neuralgia, Horatio Bridge. VI. Lead: its Physiological, Therapeutical and Toxicological Action, John Singleton Copley Greene, Jr. VII. Icterus, John Winthrop Spooner. VIII. Stricture of the Rectum, Albert Novatus Blodgett.

The degree of Doctor in Medicine was conferred on 45 applicants and that of Doctor in Dental Medicine on 6. The annual address before the graduating class was delivered by Rev. Edward Everett Hale, of Boston, and was listened to with great attention by the audience.

Mr. Hale's subject was the privileges and responsibilities of the liberal professions. He spoke of the distinctions from which the names "liberal" and "profession" have grown, and illustrated specially three of these distinctions. First of these is the willingness to teach all that one knows, without attempting secret or exclusive possession of art or method; and here he carried his statement so far as to bear some on the principle of our laws of patent and copyright. The second distinction of which he spoke is the rendering of service without expectation of reward measured by the importance of the service. The third is the pledge, spoken or implied, which every man in a "liberal profession" gives to carry farther study or research for the enlargement of the realm of knowledge and the improvement of the condition of mankind.

The list of graduates, with the titles of the theses presented by them, is as follows:

Ames, Azel, Jr., <i>Boston,</i>	Herpes Zoster.
Austin, William, <i>Boston,</i>	Bright's Disease.
Bartlett, George Smith, <i>Bristol, N. H.</i>	Carcinoma.

Belt, Charles Bradford, *Boston*, Variola.
 Berry, Horace, *Portsmouth, N. H.* The Opium Habit.
 Blodgett, Albert Novatus, *Boston*, Stricture of the Rectum.
 Boutelle, James Thacher, *Cambridge*, Trephining for Epilepsy.
 Bridge, Horatio, *Augusta, Me.* Neuralgia.
 Brooks, Charles Grosvenor, *Clinton*, Tracheotomy.
 Chadwick, James Read, *Boston*, Tracheotomy.
 Cotton, John, *Pomfret, Ct.* Rational Treatment of Disease.
 Davison, Archibald Thompson, *Boston*, Tuberculosis.
 Dixon, Lewis Seaver, *Dedham*, The Ophthalmoscope as an Aid in Medical Diagnosis.
 Giddings, Worcester Parker, *Waltham*, Nature and Art in Disease.
 Gordon, John Alexander, *P. E. I.* Embolia.
 Graves, Thomas Thatcher, *W. Newton*, Auscultation and Percussion.
 Green, John Singleton Copley, Jr., *Boston*, Lead: its Physiological, Therapeutical and Toxicological Action.
 Hardy, Benjamin Jones, *Marion*, Nephritis.
 Heron, William, *Boston*, Constipation.
 Holt, Charles Abbie, *Andover*, Obesity.
 Jones, William Pelby, *Boston*, Shock.
 MacDonald, Patrick Alexander, *Artigonish, N. S.* How Medicine should be Studied and Practised.
 Mackenzie Thomas, *Halifax, N. S.* The Placenta.
 MacDonald, Wm. Alexander, *Summerside, P. E. I.* Postpartum Hemorrhage.
 McIntosh, Daniel, *Pictou, N. S.* Pathology of Inflammation.
 McIntosh, Daniel, *Pictou, N. S.* Development of the Human Body.
 McKernon, John Cameron, *Nova Scotia*, Opium.
 Murray, Luther Corbett, *Colchester, N. S.* Diphtheria.
 Musgrove, Thomas William, *Apoahqui, N. B.* Dysmenorrhoea.
 Oliver, Joseph Pearson, *Brookline*, Treatment of Asthma.
 Patterson, Edward Mortimer, *Pictou, N. S.* Repair.
 Robertson, Alexander, *Nova Scotia*, Typhoid Fever.
 Senton, Benjamin Clarence, *Port Henry, N. Y.* Constipation.
 Smith, Henry Emmons, *Saegertown, Penn.* Asthma.
 Spaulding, Edward Reynolds, *Framingham*, General Paralysis.
 Spooner, John Winthrop, *Boston*, Icterus.
 Sprague, Rufus William, *Charlestown*, Hysteria.
 Still, James Thomas, *Medford, N. Y.* Hay Asthma and Hay Fever.
 Sutherland, Murdo, *Nova Scotia*, Pneumonia.
 Thayer, Frederick Lyman, *Newton*, Influenza in Horses.
 Tinkham, Granville Wilson, *N. Bridgewater*, Chloral Hydrate.
 Weiner, Julius Dominick, *Boston*, Treatment of Acute Articular Rheumatism.
 Winsey, Whitfield, *Baltimore, Md.* General Bloodletting.
 Wood, Edward Stickney, *Cambridge*, Amputation at the Knee-joint.

Members of the Graduating Class in Dental Medicine.

Bailey, Charles Monroe, *Machias, Me.* Inflammation.
 Baker, George Hayward, *Worcester*, Carbolic Acid.
 Hussey, Charles Edwin, *Dover, N. H.* Ethers.

Jewell, Albert Benton, *Exeter, N. H.* Alveolar Abscess.
 Laskey, Benjamin Philip, *Marblehead*, Preservation of Carious Teeth.
 Morgan, William Pitt, *Albion, N. Y.* Epithelioma.

GLOBE PESSARY IN THE UTERUS DURING LABOR. By C. E. WRIGHT, M.D., Indianapolis, Ind.—January 18, 1871, I was called at 1 o'clock, P.M., to attend Mrs. C., aged 35, in labor with her second child. The liquor amnii had passed away at 12 o'clock, the preceding night. No pains occurred until 7 o'clock, A.M., on the 18th. From this time until I arrived, pains had recurred about every fifteen minutes.

Patient told me she had introduced a glass pessary into the vagina about two weeks previous and that she was unable to find it.

Upon making an examination I found the dilated os with a diameter of about two and a half inches; head, first presentation, but movable, and had not begun to descend; but no pessary could, upon the most careful examination, be felt. There was a small polypus about one inch in length, attached by a short pedicle to the anterior portion of cervix uteri.

Labor went on in its usual course, and the woman was delivered of a fine, healthy boy, at 4 o'clock. After waiting about a quarter of an hour, I introduced my hand to bring away the placenta—a traction of the cord producing no effect—and found a hard round body enclosed by the membrane. This I brought away, and found it to be a glass globe pessary one and a half inches in diameter, with a small opening, and half filled with a stinking, brown-colored fluid. The pessary was lying directly upon the placenta within the uterus. Placenta came away soon after the pessary was removed.—*Indiana Journal of Medicine.*

DEATH FROM CHLOROFORM.—The following case, sent us by a correspondent in Michigan, has some features not readily explicable. A Mrs. Boardman made an engagement with a dentist to have eleven teeth extracted at noon.

Chloroform was insisted on by the lady, and Dr. M. Porter was obtained to superintend the administration of it. She passed under the influence of the chloroform easily and quickly—the teeth were extracted, and she recovered easily and naturally from the effects of the inhalation.

After remaining in the dentist's office

about an hour, she went home in a hack, chatty and cheerful. Immediately upon entering her house she began to complain of difficulty of breathing, from which she could not, by any means, be relieved. Dr. Porter was in attendance, assisted, in counsel, by Drs. Pratt, Mottram and Hitchcock.

The unfortunate result was not attributable, in the opinion of the medical council, to any avoidable cause.

She had twice previously taken chloroform for the same purpose with happy results.

One peculiarity noticed by Dr. Mottram was that the blood coagulated almost immediately, and the hæmorrhage ceased.

It was fully one hour and a half after the administration before the difficulty commenced, and she was not seen by Dr. Porter until three hours after.—*Med. and Surgical Reporter*.

A book has lately been published in Paris by M. Dusart, on the physiological and therapeutical properties of phosphate of lime. The author maintains, after numerous experiments in the animal kingdom, that this salt is the natural exciting agent in the functions of nutrition; that it induces the albuminoid matter to assume the cellular shape; and that it controls the formation of tissues. In short, according to M. Dusart, phosphate of lime is eminently an agent of nutrition. This view holds good, also, in respect of the vegetable kingdom; and the author asserts that the salt in question is concentrated in the leaf bud, but is almost absent from the fully developed leaf, so as to become concentrated in the seed preparing for the ultimate development of the embryo. M. Dusart points out that the phosphate of lime is always conjoined with nitrogenous matter in plants; and that the relative proportion of the salt and the nitrogen is always identical, wherever they are met with. In animals the same phenomenon takes place; and when they are made to feed upon the phosphate, they absorb more food, and increase rapidly in weight, owing to the transformation of the albuminoid matter contained in the food into muscular fibre.—*National Med. Jour.*

THE SIGNIFICANCE OF CRANIAL CHARACTERS IN MAN.—Professor John Cleland has communicated to the Royal Society a paper in which he gives an account of some careful investigations into the cranial measurements of various races, and criticizes the

various methods of craniotomy in use—pointing out what facts of growth and relations of parts the observed measurements really indicate. He observes that if the terms dolichocephalic and brachycephalic are to retain any scientific value as applied to skulls, the “cephalic index” (that is, the breadth in terms of the length which is called one hundred) must not be depended on. Other points of importance, as pointed out by Retzius, must be attended to. According to Dr. Cleland, the relation of the height to length of a skull is of great importance. There is no foundation whatever for the supposition, which is a wide spread one, that the lower races of humanity have the forehead less developed than the more civilized nations; neither is it the case that the forehead slopes more backwards on the floor of the anterior part of the brain-case in them than it does in others.

—*Quarterly Journal of Science*

HEREDITARY GENIUS.—In his late work on “Hereditary Genius,” Mr. Francis Galton thus describes his purpose:

“What I profess to prove is this: that if two children are taken, of whom one has a parent exceptionally gifted in a high degree—say as one in four thousand or as one in a million—and the other has not, the former child has enormously a greater chance of turning out to be gifted in a high degree than the other. Also, I argue that, as a new race can be obtained in animals and plants, and can be raised to so great a degree of purity that it will maintain itself, with moderate care, in preventing the more faulty members of the flock from breeding, so a race of gifted men might be obtained under exactly similar conditions.”

EYE SALVE IN “GRANULAR LIDS,” AND CASES OF CHRONIC OPHTHALMIA.—Dr. John Williams (*Dublin Quarterly Journal*), after long experience, speaks most confidently of the following ointment:—*R.* Arsenicæ sulphureti, gr. ij.; unguenti citrini, 3ij.; axungiæ preparat., 3vj. *M. Bene.*

The upper eyelids should be everted in cases of “granular lids,” and about the size of a hemp-seed of this ointment should be applied with a camel’s-hair pencil, which must be introduced into the superior palpebral sinus, to the diseased conjunctiva. In suggesting this local remedy he is not unmindful of general treatment.—*Medical Record*.

Medical Miscellany.

WE are glad to learn that our old teacher, Dr. Politzer, for some years instructor in otology in the University of Vienna, has recently been made Professor in the same department. Prof. Politzer is well known not only to those who have had the advantage of his personal instruction, but to the medical profession generally, by his valuable contributions to the literature of otology. We have made arrangements with our friend, Dr. von Millingen, first assistant to Prof. Politzer, for occasional articles in this branch of medical science.

THE chair of clinical medicine, held for so many years in the Vienna University by Prof. Skoda, will be filled by Prof. Niemeyer, of Tubingen.

THE death is recorded of a young man on the morning of his intended marriage, from an overdose of prussic acid. The deceased was in easy circumstances, and there was no assignable reason for the commission of suicide; but he had suffered from a cough, and was in the habit of taking prussic acid and ammonia in seltzer water. The jury found that death was caused by an overdose of prussic acid, taken by deceased for medicinal purposes, and arose from misadventure. Prussic acid, we may add, was found by Prof. E. Rogers in the stomach. We presume no medical man would recommend a patient to take prussic acid in seltzer water in necessarily uncertain doses. His death must, therefore, have been the result of that little knowledge which is so dangerous, or must be chargeable to the advice of some ignorant and unqualified person. But the question remains—How came the prussic acid in the young man's possession? What has recent legislation on the subject of the sale of poisons done to protect the public from their own ignorance or criminal designs?—*London Med. Times and Gazette*.

ARCHÆOLOGICAL EXTRACTS.—Just now, more than ever, extracts of meat have assumed a position of the highest importance. If they have not determined the fate of armies in this war, they have certainly helped to save the lives of many thousands. It is therefore interesting to learn, from a recent article by Dr. Pott in the *Zeitschrift für die Gesamten Naturwissenschaften*, that extracts of flesh and fish have been prepared in Java and Sumatra for several centuries. The raw material, after being boiled and comminuted, is placed in a press, the expressed juice being exposed to a moderate heat till it assumes the consistence of syrup. The extracts so prepared all possess an intensely saline taste, arising from the accumulation of organic salts caused by their great concentration. Upon analysis, they were found to contain mere traces of gelatine, and to give no indication of albumen. One sample contained 20.9 water, 16.4 ash. The dry extract contained 9.54 nitrogen.—*British Medical Journal*.

SIR WILLIAM LAWRENCE AND CHLOROPFORM.—The London *Lancet* tells us that, at a meeting of the Edinburgh Royal Society, Prof. Christison made some remarks on the discovery of chloroform, which illustrate how nearly Sir. J. Y. Simp-

son was anticipated in his introduction of this anæsthetic into practice. In the summer of 1847, a few months only before Simpson's discovery was announced, Lawrence had repeatedly used in practice an anæsthetic which came recommended to him under the name of chloric ether; and while he and his assistant were busily contriving how to concentrate their chloric ether, not recognizing the fact that it consisted merely of chloroform dissolved in rectified spirit, Simpson's discovery came forth and put a stop to their inquiries.—*Phil. Medical Times*.

TO CORRESPONDENTS.—Communications accepted:—Cicatrices of the Membrana Tympani.—The Climate of the United States and its Effects on Habits of Life and Moral Qualities.—A Case of Double Conception, bearing on the question of Superfecundation.

PAMPHLETS RECEIVED.—The Health and Wealth of the City of Wheeling; also General Remarks on the Natural Resources of West Virginia. By James E. Reeves, M.D., City Health Officer, and Author of a Practical Treatise on Enteric or Typhoid Fever. Second Edition, enlarged and Illustrated. Pp. 168. Price 60 cents.—Fourth Annual Report of the Trustees and Officers of the Minnesota Hospital for the Insane, for the Year ending Nov. 30th, 1870. Pp. 47.—Report of the New York Hospital and Bloomingdale Asylum, for the Year 1870. Pp. 24.

MARRIED.—In Amesbury, Feb. 16, Dr. Geo. W. Bell, of Farmingdale, L. I., to Miss Marie Woodbury, of A.

DIED.—In this city, 3d inst., of paralysis, Dr. Joseph Palmer, M.M.S.S., 74.

Deaths in sixteen Cities and Towns of Massachusetts for the week ending March 4, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	118	Consumption 49
Charlestown	7	Pneumonia 35
Worcester	13	Croup 7
Lowell	12	Erysipelas 6
Milford	2	Scarlet fever 5
Cambridge	13	
Salem	11	
Lawrence	15	
Springfield	9	
Lynn	10	
Gloucester	6	
Fitchburg	4	
Taunton	4	
Newburyport	3	
Fall River	8	
Haverhill	2	
	237	

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, March 4th, 118. Males, 63; females, 55. Accident, 5—apoplexy, 2—bronchitis, 4—congestion of the brain, 1—inflammation of the brain, 1—disease of the brain, 6—carbuncle, 1—cancer, 1—cholera infantum, 1—cholera morbus, 1—consumption, 28—convulsions, 6—croup, 3—cyanosis, 1—debility, 3—diarrhoea, 1—dropsy, 1—dropsy of the brain, 7—erysipelas, 1—scarlet fever, 1—typhoid fever, 1—disease of the heart, 3— hæmorrhage, 1—infantile, 2—disease the kidneys, 6—disease of the liver, 1—congestion of the lungs, 3—Inflammation of the lungs, 12—marasmus, 4—measles, 1—old age, 1—paralysis, 1—premature birth, 1—puerperal disease, 1—unknown, 7. Under 5 years of age, 45—between 5 and 20 years, 11—between 20 and 40 years, 23—between 40 and 60 years, 23—above 60 years, 15. Born in the United States, 84—Ireland, 25—other places, 8.

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The therapeutical value of this Pepsine in all disorders of the stomach, resulting from the insibility of this organ to digest and assimilate food cannot be over estimated. It is used daily with great success in *Dyspepsia, Slow and Difficult Digestion, Gastralgia, Debility of the Stomach*, from old age or from abuse of liquors, and in *Vomiting during Pregnancy*. Physicians will please notice that GRIMAULT'S PEPSINE may always be relied upon. Its digestive power, being physiologically tested by Mr. Leconte, late assistant to Claude Bernard, is always the same.

DR. LERAS' PHOSPHATE OF IRON, In Solution, Syrup or Sugar Coated Pills.

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SYRUP OF HYPOPHOSPHITE OF LIME, DR. CHURCHILL'S PRESCRIPTION.

Prescribed by the most distinguished physicians for *affections of the lungs, Phthisis, etc.* Each tablespoonful contains two grains of the pure hypophosphite.

Also Syrup of Hypophosphite of Soda, of Iron, and of Manganese.

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Syrup of the lactate of iron and manganese.
Dragees of the lactate of iron and manganese.

Syrup of the Proto-Iodide of Iron and Manganese.
Pills & Dragees of the Proto-Iodide of Iron & Manganese.
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THE FOLLOWING ARE SOME OF THE PRINCIPAL PREPARATIONS.

DRAGEES.

	U. S. P.		U. S. P.
Aloes and Myrrh.....	4 grains.	Cynogloss.....	1 grain
Compound Cathartic.....	8 "	Quevenne's Iron reduced by Hydrogen.....	1 "
" ".....	1½ "	Proto-Iodide of Iron.....	1 "
Aloetic.....	4 "	Lactate of Iron.....	1 "
Aloes and Assafoetida.....	4 "	Sulphate of Quinine.....	1 and 2 "
Dinner, Lady Webster's.....	3 "	Valerianate Quinine.....	1 "
Comp. Calomel, Plummer's.....	3 "	" Zinc.....	1 "
Blue Pills.....	3 "	" Iron.....	1 "
Opium Pills.....	1 "	Citrate of Iron and Quinine.....	2 "
Calomel Pills.....	2 "	" Iron.....	2 "
Opium et acet. Plumb. each.....	1 "	Willow Charcoal.....	2 "
Extract of Rhatny.....	2 "	Discordium.....	2 "
Compound Rhubarb.....	3 "	Anderson's Anti-Bilious and Purgative.....	2 "
Compound Colocynth.....	3 "	Extract of Gentian.....	2 "
Compound Squills.....	4 "	Iodide of Potassium.....	2 "
Dover Powders.....	3 "	Calcined Magnesia.....	2 "
Carb. Iron, Valtet's Formula.....		Rhubarb.....	2 "
Car. of Manganese and Iron.....		Ergot Powder, covered with sugar as soon as pulverized.....	2 "
Cermes.....	1-6 "	Phellandria Seed.....	2 "
Kantinine.....	½ "	Washed Sulphur.....	2 "
Bi-Carbonate of Soda.....	4 "	Sub-Nitrate of Bismuth.....	2 "
Magnesia and Rhubarb, each.....	1 "	Tartrate of Potassia and Iron.....	2 "
Meglin.....	1 "		

GRANULES.

Of 1-50 of a grain each.

Aconitine.	Morphine.
Asenious Acid.	Strychnine.
Atropine.	Valerianate of Atropine.
Digitaline.	Veratrine.

Lupuline.....	½ grain.
Extract of Nux Vomica.....	½ "
Seraptrine.....	1-24 "
Sulphate of Morphine.....	1-8 "
Contraive Sublimata.....	1-12 "
Nitrate of Silver.....	½ "
Extract of Hyocyanus.....	½ "

Colchicum (each granule equal to two drops of tinctures).

Of 1-50 of a grain each.

Tartar Emetic.	Extract of Hyocyanus.
Codeine.	" Ipecac.
Conicine.	" Opium.
Ext. Belladonna.	Proto-Iodide of Mercury.
Extract Rad. Aconite.....	1-4 grain
Emetine.....	1-4 "
Iodide of Mercury.....	1-4 "
Valerianate Morphine.....	½ "
Acetate Morphine.....	1-8 "
Digitaline.....	1-24 "
Strychnine.....	1-12 "

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Cubebs, pure.
Cubebs and Alum.

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Cubebs, Rhatany and Iron.

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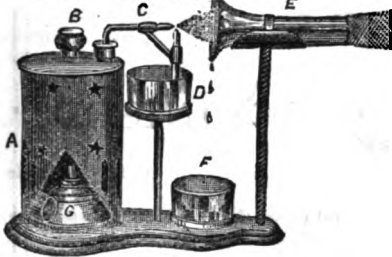
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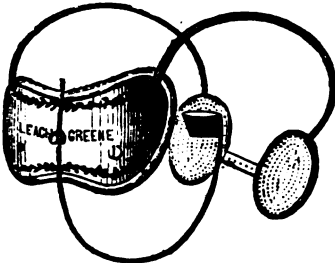
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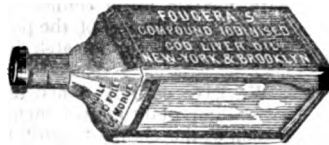
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References:

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Dr. Edward Jarvis, Dorchester, Mass.
Dr. H. M. Knight, Lakeville, Conn.
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292 Washington, cor. Bedford Street,
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Jy 18—4t

DR. E. B. MOORE, 194 Hanover St., will hereafter attend exclusively to office Practice and Consultations.
Jan. 19—4t.

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Boston. Dec. 24—

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Moh. 9-24

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Jan. 19-24.

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D15-cowly.

189 WARREN AVENUE, Sept. 16, 1899.

D. R. T. W. FISHER, having retired from service at the Boston Hospital for the Insane, to enter on general practice in this city, will give attention by preference to Mental and Nervous Diseases.

He has permission to refer to the following gentlemen:

Dr. C. A. Walker, Dr. J. E. Tyler,
Dr. D. H. Storer, Dr. H. I. Bowditch,
Dr. C. E. Buckingham, Dr. E. M. Hodges.

Office hours, 8 to 9 and 1 to 3.

D1-1y

D. R. KIMBALL has returned from Europe, and has resumed his office, No. 6 Temple Street.
Office hours from 10½ A.M. to 2½ P.M.

O20-24.

D. R. EPHRAIM CUTLER has moved his City Office to 123 Boylston Street.

Hours, 9 A.M. to 12 M.

May 30, 1898.

Je. 11-24.

TRANSACTIONS of the American Otological Society for 1870, Now ready. Price \$1.

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F23-44

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Je23—

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HARVARD UNIVERSITY.—Dr. HASKET DERRY will deliver four Lectures on CATARACT AND THE MODERN OPERATIONS FOR ITS REMOVAL, at the Medical College, commencing March 13, at 4 P.M., and continuing on successive Wednesdays till completed. Each lecture will be followed by an ophthalmoscopic demonstration.

Dr. GEORGE DERRY will deliver a course on HYOPHIA, at the same place, on Mondays at 11 A.M., commencing March 20.

CALVIN ELLIS, Dean of the Faculty.

Moh. 2-24.

COPARTNERSHIP NOTICE—I have this day admitted Geo. F. H. MARKOR, for seven years my head clerk, and JOSEPH T. BROWN, JR., my son, partners in my business. I avail myself of this opportunity to tender my sincere thanks to my old friends and customers for the liberal patronage bestowed upon me for more than THIRTY YEARS, and respectfully ask a continuance of their favors in behalf of the new firm. JOSEPH T. BROWN,

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Boston, March 1, 1899.

JOSEPH T. BROWN & CO., Druggists and Pharmacists, 292 Washington, corner Bedford Street, Boston, Manufacturers of Standard Pharmaceutical Preparations, and Dealers in the Finest Drugs, Medicinal and Fine Chemicals, Select Powders, Pure Essential Oils, Genuine Medicines, Mineral Waters, New Remedies, &c. &c.

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Moh. 11-24.

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O7-24

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Feb. 20, 1871.

Moh. 2-24.

D. E. GARRATT'S office hours, after this date, will be from 9 to 1 only.
No. 9 Hamilton Place, Boston, Feb. 1, 1899

F4-24.

CHARLES H. SPRING, M.D., has removed to No. 23 HARRISON AVENUE. Special attention given to the Treatment of Diseases of the Spine &c.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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H. H. A. BEACH, M.D., ASSISTANT EDITOR.

Whole No. 2250. }
Vol. LXXXIV. }

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HARVARD UNIVERSITY. Medical Department, Boston, Mass.

SUMMER SESSION....1871.

THE regular Course of Summer Instruction will begin at the Massachusetts Medical College, North Grove Street, Boston, on March 13th, and continue until the next Winter Course of Lectures on the first Wednesday in November. The Session is divided into two Terms by the summer vacation of two months. Gentlemen who finish their undergraduate course during the summer months, should join the Medical School at the beginning of the Fall Term, Sept. 11th ; their requisite three years of study being thus completed in time for the special examination for medical degrees, which precedes the annual commencement at Cambridge.

Recitations are held daily by the Professors and Instructors in all the branches necessary to a medical education. Clinical instruction in Medicine and Surgery is also given daily at the Massachusetts General Hospital and the City Hospital. Other Hospitals and the various dispensaries and infirmaries in the city are likewise open to students. Lectures on special branches will be given at the College by University Lecturers, and courses on the sciences connected with Medicine, Zoology, Botany, Chemistry, and Physics, will be delivered at Cambridge by the Professors in these departments, which students may attend without extra charge.

THE CHEMICAL LABORATORY is open during the Summer, and practical instruction is given in physiological, pathological and toxicological Chemistry. A Laboratory is also opened in which students are thoroughly exercised in the management of the Microscope.

THE DISSECTING ROOM is open and abundantly supplied with ANATOMY SUBJECTS, during March, April and October. No charge is made for anatomical material, or for demonstration.

FEES.—The fee for instruction during the Summer Session, from March to November, is \$100 ; for the Winter Lectures, \$121. The fee for the entire year, for the Winter Lectures as well as the Summer Session, is \$200. The fee for Graduation is \$30. The fee for Matriculation is \$5. This is appropriated to the increase of the Library, and is to be paid to the Dean once by all who desire to become members of the College.

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RICHARD M. HODGES, M.D., Adjunct Professor of Surgery and Clinical Surgery.

JAMES C. WHITE, M.D., Adjunct Professor of Chemistry, and Lecturer on Diseases of the Skin.

DAVID W. CHEEVER, M.D., Adjunct Professor of Clinical Surgery.

ROBERT T. EDES, M.D., Assistant Professor of Materia Medica.

WILLIAM T. Lusk, M.D., Lecturer on Physiology.

JOHN P. BAYFOLDS, M.D., Instructor in Obstetrics.

J. NELSON BOLAND, M.D., Instructor in Clinical Medicine.

EDWARD B. DALTON, M.D., Instructor in Theory and Practice.

REGINALD H. FITZ, M.D., Instructor in Anatomical Anatomy.

JOHN E. TYLER, M.D., Lecturer on Mental Diseases.

HENRY W. WILLIAMS, M.D., Lecturer on Ophthalmology.

GEORGE DERRY, M.D., Lecturer on Hygiene.

HASKET DERRY, M.D., Lecturer on Ophthalmology.

ROBERT ANORT, M.D., Lecturer on Physiological Action of Drugs.

FREDERICK I. KNIGHT, M.D., Lecturer on Laryngoscopy.

CLARENCE J. BLAKE, M.D., Lecturer on Otology.

CHARLES B. PORTER, M.D., Demonstrator of Anatomy.

HENRY H. A. BEACH, M.D., Ass't Demonstrator of Anatomy.

A detailed account of the Winter and Summer Sessions, as well as of the Harvard Dental School, will be forwarded (post-paid) by DAVID CLAPP & SON, 334 Washington Street, Boston. The Janitor of the College will advise students in the selection of boarding places, and will always have a list of such as are in the vicinity of the College Building, varying in their rate of charges. Students are advised, on coming to town, to call upon the Dean of the Faculty, 114 Boylston Street, to whom all letters must be addressed.

Nov. 3—

CALVIN ELLIS, M.D., Dean of the Faculty.

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This preparation is identical in strength with the Comp. Infusion of Gentian of the Pharmacopoeia, with the addition of one grain of Phosphoretic Iron to each teaspoonful.

This Ferro-Phosphoretic Tonic Bitter excites the appetite, invigorates digestion, and operates as a general corroborant. Blended with Aromatics, and slightly acidulated with Phosphoric Acid, it proves grateful to the most delicate stomach.

Give to children one-half to a teaspoonful before eating. Adults, a desert-spoonful as often.

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This preparation represents, in the most agreeable form, the Tonic and Anodyne Properties of Hops. There are few medicines of more real value, and less open to objection from continued use, in cases of wakefulness, nervous tremors, and the general irritability so often associated with Dyspepsia. This equals in strength the official Tincture of Hops.

Adult dose, one or two teaspoonfuls.

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[Goddard's Formula.]

This preparation, combining the stimulant and anti-spasmodic properties of both Valerian and Ammonia, in a form agreeable and convenient, has proved a valuable agent in all cases of Nervous Derangement, Neuralgia, Hysteria, Nervous Headache, and in all those complicated disorders consequent upon nervous debility and depression.

Adult dose, one or two teaspoonfuls.

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This is simply our Elixir Valerianate of Ammonia, with the addition of one grain of Quinine to each fluid drachm. It is an agreeable and effective Anodyne and a powerful Nerve Tonic.

Physicians and Apothecaries will find it a much more elegant preparation than can be prepared extemporaneously, or that can be made from any of the salts of Quinine.

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An Agreeable Stomachic and Efficient Tonic.

This is a most delightful and energetic tonic and restorative. Prepared with Sherry Wine, Peruvian Bark, and Aromatics, it is peculiarly grateful to patients suffering from debility, loss of appetite, and general lack of nervous force.

Each fluid drachm represents five grains Calisaya Bark.

Directions.—A teaspoonful for children, a desert-spoonful for adults, three times a day, or as required.

Elixir of the Pyrophosphate of Iron.

Iron with Phosphorus and Calisaya.

Promptly tonic, without being irritating or stimulant, combining the effects of Phosphorus and Iron with the codial and tonic influences of the Calisaya Elixir. The freedom from all unpleasant taste, and the ease with which this preparation is borne by even the most sensitive stomachs, together with its ready assimilation with the food, and consequent rapid absorption, render this preparation specially valuable. It is used with benefit in all instances where a nerve tonic is indicated.

Each teaspoonful represents the activity of five grains of Calisaya Bark, together with two grains of the Soda-Pyrophosphate of Iron. This Salt of Iron is not precipitated in the stomach by the agency of food or gastric juice, and will be found an efficient chalybeate when ordinary iron preparations produce constipation, headache, etc.

The dose for an adult is a teaspoonful three times a day, immediately before or after meals. For children, to be graduated according to age.

Ferrated Elixir of Cinchona.

Iron, Peruvian Bark, and Choice Aromatics.

This preparation embodies the cordial, tonic, and anti-periodic properties of its constituents, so modified by the combination as to avoid the objectionable effects of their distinct action. Its constant and continued use by our leading practitioners, and its often attended good results, warrant our decided endorsement of its merits.

Each desert-spoonful represents two grains soluble Citrate of Iron, and ten grains Red Peruvian Bark.

The dose for an adult is a desert-spoonful three times a day, immediately before or after meals. For children, to be graduated according to age.

Elixir Pepsin, Bismuth and Strychnia.

This combination consists of Pepsin (prepared from the stomach of the Pig), with the soluble Citrate of Bismuth, and one-sixteenth of a grain Strychnia to each fluid drachm. It has been employed with very great success in Dyspepsia, Gastralgia, General Debility of the System, and in all the numerous disorders dependent on want of tone and vigor of the stomach and digestive organs.

Compound Syrup of Hypophosphites.

This preparation, suggested by the experience and researches of Dr. CUVILLON, is composed of the Hypophosphites of Lime, Soda, Potassa and Iron. The theory of the advantage of the Hypophosphites is based upon the elimination of free Phosphorus into the system. The therapeutic effect would seem to sustain the value of this preparation, from the benefits derived from their use, both here and abroad.

Each fluid drachm contains two grains Lime, two grains Soda, one grain Potassa, one half grain Iron.

Adult dose, one teaspoonful three or four times a day.

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Citrate of Iron and Peruvian Bark.

Prepared with Sherry Wine, Calisaya Bark, and Citrate of Iron; each fluid drachm represents two grains of the ferruginous salt, and the activity of five grains of Calisaya Bark.

Among the many chalybeate and vegetable tonic combinations that are justly entitled to a high degree of favor, we know of none more worthy of esteem than this. The happy effect, in many cases of debility, loss of appetite and general prostration, of an efficient Salt of Iron combined with our most valuable Nerve Tonic, has been so frequently demonstrated, that we feel every confidence in recommending it. For an adult, a teaspoonful immediately before or after each meal.

[Continued on next page.]

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This preparation was introduced by Professor Jackson, of the University of Pennsylvania, and has been extensively prescribed with very gratifying results. It is not intended as a popular remedy, but is submitted to the Medical Faculty as a nutritive tonic, well suited to supply the waste of elementary matter in the human system during the progress of chronic cases, particularly in Dyspepsia and in Consumption.

By careful and intelligent manipulation, the salts are all held in complete solution, hence their efficiency in a small dose. This preparation is pleasant to the eye, agreeable to the taste, and grateful to the stomach, and does not nauseate by protracted use.

Each fluid drachm contains one grain freshly precipitate Phosphate of Iron, two grains Phosphate of Lime, one grain Phosphate of Soda, one-half grain Phosphate of Potassa, with slight excess Phosphoric Acid.

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Ferrated Cordial Elixir.

This Elixir rivals in delicate and delicious flavor the most prized of the foreign cordials. Specially grateful to a sensitive and delicate stomach, it stimulates digestion and invigorates the whole system. For the general debility, nervous prostration and loss of vigor of females and children, it is particularly indicated. The healthy color, renewed muscular force, buoyant spirits and regained appetite, give the best evidence of the rapid assimilation of the Chalybeate Salt. Each fluid drachm contains one grain of Pyrophosphate of Iron.

Directions.—Children, one-half to a teaspoonful before eating. Adults should take a tablespoonful as often.

Elixir Bromide Potassium.

The Elixir contains five grains Bromide Potassium in each teaspoonful, and is an agreeable and elegant form of administering this highly prized alterative and nerve sedative. The objectionable saline taste is completely masked in this Elixir, and the Bromide will be found less apt to produce nausea and derangement of the digestive organs.

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We offer to Physicians a Cod Liver Oil, perfectly pure, prepared with scrupulous care, and perfectly free from any acid, bitter, or empyreumatic taste. Physicians will find that patients sensitive to the taste and unable to digest the ordinary oil, can take this readily and with the consequent benefit of so valued a nutriment.

Very delicate persons should take in teaspoonful doses for the first few days, and increase as the physician may direct.

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This Elixir contains one grain of Soluble Citrate of Bismuth in each teaspoonful of the Ferrated Elixir of Cinchona. The addition of the Soluble Salt of Bismuth gives increased value, in cases of debility, dependent on enfeebled digestion, or associated with gastritis.

Elixir Calisaya Bark, Iron and Strychnia.

Each teaspoonful contains one-fiftieth of a grain of Strychnia; this enhances the tonic power, and will be found a valuable adjunct to the other constituents, when a powerful nerve tonic is desired.

Each fluid drachm contains Calisaya Bark, two grains Iron, one-fiftieth grain Strychnia.

Wine of Peppin.

From the Stomach of the Pig.

This is the most effective and agreeable form of administering Gastric Juice as an aid to enfeebled digestion. We add, in the preparation of our Wine of Peppin, a small quantity of Lactic Acid, supplying the want of the necessary acid, and increasing greatly the efficiency of the remedy.

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Few medicines combine so pleasantly as valuable effects as the carefully selected bark of the Wild Cherry. Uniting a tonic, expectorant and sedative influence, it is indicated in most cases of debility, particularly when accompanied by local irritation. By careful and elegant pharmacy we combine in this preparation a protosalt of Iron, giving the advantage of a combination so frequently desired.

Each fluid drachm contains twenty grains of the Bark two grs. Iron.

In addition to the above, we prepare all the other popular Pharmaceutical combinations, which we supply at reasonable prices.

JOHN WYETH & BRO.,
1412 Walnut Street, Philadelphia.

WEEKS & POTTER,

Wholesale Agents, Washington Street, Boston.

37, 38—17.

Wine of Wild Cherry Bark.

This is a pleasant and concentrated preparation of Wild Cherry Bark, and will prove an elegant form of administering this valued tonic and sedative. Each fluid drachm represents twenty grains of the bark, collected at the proper season.

Adult dose, one teaspoonful.

Wine of Ergot.

There is no preparation more dependent for its value upon intelligent selection of the drug and careful preparation, than Wine of Ergot, and perhaps none more uncertain in effect as generally dispensed. We have long prepared it with carefully selected and fresh ergot, and feel assured physicians will not be disappointed in the effect. Strength, United States Dispensary.

Elixir Valerianate of Strychnia.

The bitter taste of the Strychnia is masked in this preparation, and will be found perhaps more effective than when given in pill form. Each teaspoonful represents (1-40) one-fortieth of a grain of Strychnia. The adult dose is one teaspoonful.

Comp. Syrup Phosphate of Manganese.

This preparation of Manganese, Iron and Soda has been extensively used with almost uniform good results in many cases of anemic condition, in which iron has failed to benefit. The salts are prepared fresh, and held in solution by a slight excess of acid. Each teaspoonful contains one grain Phosphate of Iron, one of Manganese and two of Soda.

Dose, one teaspoonful. Physicians will find this an exceedingly valuable addition to their list of remedies.

Solution Carbolic Acid.

We prepare this solution of a uniform strength, with full directions as to use. It will be found much more convenient for both internal and external use, than the Glacial Carbolic Acid, or any of the many Carbolic Acids, of uncertain strength, now imported. Each fluid ounce contains forty grains of the Glacial Acid.

Put up in 16 oz. bottles.

We have also the Pure Crystallized Acid in 1 oz. G. S. bottles.

Syrup Superphosphate of Iron.

This preparation is prepared from the recently precipitated Phosphate of Iron; will keep in any climate, and is a deservedly popular remedy. Each fluid drachm contains three grains of Phosphate of Iron, with an excess of Phosphoric Acid.

Adult dose, one teaspoonful, immediately after meals.

Elixir of Bismuth.

The greater efficiency of Bismuth in solution, over the insoluble salts, usually given, recommends this preparation in the many cases of gastro-intestinal irritation, in which bismuth is indicated. This Elixir contains two grains of the Citrate of Bismuth in each fluid drachm.

Adult dose, one teaspoonful.

Comp. Fluid Ext. Buchu and Pareira Brava.

This fluid extract is composed of equal quantities of Buchu, Pareira Brava, and Collinsonia Canadensis. As a tonic and diuretic it will be found of great value; exerting prompt remedial action in Calculous Affections, Chronic Inflammation, and Ulceration of the Kidneys and Bladder, Leucorrhoea, Dropsy, &c.

In Chronic Inflammation of the Bladder, for allaying irritability of that organ, and correcting the disposition to profuse mucous secretion, we specially recommend it.

Adult dose, one teaspoonful three times a day.

Suppositories.

Rectal, Vaginal, and Male Urethral Suppositories and Soluble Suppositories of pure Butter Cacao, made with great care, and of every variety of combination. Lists sent on application.

Sponge Tests

For the Urethra, of every size and style, made of finest quality of sponge. Can be ordered with or without Carbolic Acid.

Medicinal Pearls.

Pearls of Chloroform, Apioi, Oil of Turpentine, Copaiba, Wormseed Oil, Oleo Resen Oubeba, Oils of Copaiba and Cubebs.

Surgeons' Roller Bandages.

We have always in store a large assortment of Surgeons' Roller Bandages, of every size. For convenience of physicians we have them put up in boxes, eight dozen in each, assorted sizes. Hospitals furnished at low rates by the gross.

A VALUABLE REMEDY.

Dr. HAYDEN'S Successful Prescription for
DYSMENORRHOEA,

AND ALL PAIN OF THE STOMACH AND BOWELS.

A Powerful Anti-Spasmodic and Nervine.

The Saturate of Viburnum Compound.

PREPARED from the original formula of W. R. Hayden, M.D., of New York, by the New York Pharmaceutical Company, expressly for Physicians' Prescriptions.

The Company take special pleasure in asking the attention of the profession to Dr. Hayden's Saturate of Viburnum Compound, as they are confident it will meet with their warmest approbation, and be found to approach as near a specific in *Dysmenorrhoea* as any one medicine can, and that it is a more important addition to the physician's list of valuable remedies than the Hydrate of Chloral, or any of the various preparations which have been introduced to the profession since the discovery of anaesthesia. The Saturate of Viburnum Compound contains no preparation of opium or other narcotic, and may be administered freely without any unpleasant after-effects.*

The Viburnum Compound has been extensively employed for the past two years by physicians in New York, Boston, Providence, and many other places, with universal commendation from those who have employed it.

Prepared only by the New York Pharmaceutical Co. Laboratory, Bedford Mineral Springs, Mass.

Price, \$2 per pound.

Dispensed by all Druggists.

Physicians prescribing the Saturate of Viburnum Compound should be particular to write for "Hayden's."

* For formula, see Company's Hand-Book of Hayden's Saturates (225 different kinds), which may be had free on application, by enclosing stamp for postage.

Price Reduced!

PHOSPHORUS PILLS.

HAVE proved to be a valuable remedy in the treatment of all diseases of the Brain and Nerve Centres, particularly *Lapses of Memory*, Mental Derangement, Paraplegia, Paralysis and Impotency—especially in the three last, and in all cases where there is a loss of Nerve or Vital Force.

The Simple and Compound Phosphorus Pills were first introduced to the profession five years since by this Company, they having procured the formulae from Dr. Hayden; and they prepare them strictly according to his directions. The Phosphorus Pills are now prescribed in almost every city and town in the United States and in many parts of Europe; and but few remedies have met with more approval.

The two following letters are a sample of over 150 received.

Meriden, Ct., Oct. 15, 1860.

Dr. Hayden,—Dear Sir:—I have used your Compound Phosphorus Pills the past six months, in a number of cases of Anaphrodisia, and in physical and nervous weakness caused by protracted influences injurious to the vital economy, and have been very much pleased with their effect. I have also used them with much benefit in inflammation of the prostate gland, and in affections of the spinal cord. I have used Phosphorus with Sugar of Milk, Glycerine, Sulphuric Ether, and Alcohol, also Phosphoric Acid, but I think your preparation in Phosphorus in fat far preferable to others.

Respectfully, CHAS. H. S. DAVIS, M.D.

Howell, Mich., Sept. 2, 1870.

W. R. Hayden, M.D.—Dear Sir:—I am delighted with the Phosphorus Pills, and would rather pay twice their price than be without them. I have used them myself, and have been able to perform double the amount of labor that I should have done were it not for them.

Yours, &c.

W. L. WELLS, M.D.

Dr. G. Dujardin Beaumetz, of the Hospital de la Pitié, Paris, concludes, after an elaborate study of the action of phosphorus in locomotor ataxia, that—1. Phosphorus appears to have a favorable influence in progressive locomotor ataxia. 2. Phosphorus acts as an excitant and as a tonic to the nervous system. It returns to the nervous tissue an indispensable element. 3. The administration of Phosphorus should be commenced in small doses, one milligramme (about the 1-60 of a grain), and increased gradually until the dose of one centigramme (1-6 of a grain) is reached. The administration should cease when digestive troubles supervene.—*Bulletin General de Therapeutique*, Jan. 15, Feb. 29, March 18, 1866.

The Simple Phosphorus Pill consists of the one-hundredth of a grain of Phosphorus in Lint, Sugar-Coated. The Compound Phosphorus Pill the one-hundredth of a grain of Phosphorus and one-quarter of a grain of *Nux Vomica*, in Lint, Sugar-Coated. The Compound is the most employed.

Put up in boxes of 100 each. Price, \$2 per 100.

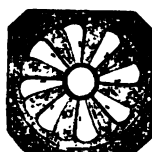
Dispensed by all Druggists, or they will be sent by mail on receipt of price, by the N. Y. Pharmaceutical Co., Bedford Springs, Mass.

NOTE.—Physicians prescribing the Phosphorus Pills should be particular to designate whether *Simple* or *Compound* Pills are desired, and also to write for "Hayden's" Phosphorus Pills, as a firm in Philadelphia, having no sympathy with the GOLDEN RULE, have appropriated Dr. Hayden's original formula and language to their own use, in order to profit by the considerable sums of money paid to the various medical journals by this Company, in calling the attention of the medical profession to the value of the Phosphorus Pill. It is very questionable whether men who will stoop to such dishonorable transactions in business can be trusted to prepare medicine for the profession and the sick.

Mch. 16—

MEDICAL JOURNAL ADVERTISING SHEET.

TO PHYSICIANS AND SURGEONS.



GARRATT'S ELECTRIC DISK.—For local *rheumatism*, weakness, pain or palsy. A neat self-acting *electrique*, that is powerful yet comfortable; and as it acts without shock, is perfectly safe in all cases. It is simply to be worn on the body or limb for the tonic effects of localised primary electricity. The most delicate can wear it with ease.

This highly electrical disk (of *magnesian-zinc alloy* and *silver* gives a gentle *protracted* application. It is in effect very efficient; They are a most convenient *special remedy* for a lame back shoulder, stomach or side, for a weak throat or thorax, for *cold rheumatism*, neuralgia, local palsy, and various nervous diseases.

Approved and recommended by
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Approved by the *Gynaecological Society of Boston* (Winslow Lewis, M.D., Pres't, Horatio R. Storer, M.D., Sec'y), and recommended by them as a valuable aid in the treatment of many affections peculiar to females.

We have other and accumulating testimonials from professional men of the highest respectability, in various parts of the country.

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Orders may be addressed to dealers, or to

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26 Bromfield Street, Boston, Mass.,

sole owners of the right to sell this patented article in the U. S.

O.27—H.

THE PHYSICIAN'S HANDBOOK OF PRACTICE for 1871.
By WM. ELMER, M.D., and ALBERT D. ELMER, M.D.

Copies of the Handbook for 1871 have been received, and are on sale at the Medical Journal Office. The work is well printed and ruled, on good paper and in neat binding, and the internal arrangements for the practitioner's daily use are ample and convenient.

Price, \$2.00. Orders are solicited by the Publishers of this Journal. On receipt of the money by mail, the work is sent free of postage.

BOSTON MEDICAL AND SURGICAL JOURNAL.—The present Series of this Journal began in February, 1868. In 1870, the time for beginning the new volumes was changed from February and August in each year, to January and July, at which times the semi-annual volumes of the Journal now commence. Each weekly number contains 16 pages of reading matter, making 416 pages in a volume—with an additional sheet in any number when needed by press of matter. Thus Vol. V. in 1870 contained 504 pages, and Vol. VI. 436 pages. The back volumes of the present series can be supplied at a discount to new subscribers. Copies handsomely bound in cloth, in a style which is intended to be uniform for this series, are constantly on hand.

The old series of the Journal, which began in 1828, and ended in 1868, forms a valuable compendium of the medical and surgical history of the country for a period of forty years, and complete sets are of course now quite difficult to obtain. The copies of volumes and single numbers which remain in the hands of the Publishers have long been in a scattered and disarranged condition but have lately all been collected in one place, partially arranged, and will soon be so classified that the exact condition of the whole series, with regard to complete sets, will be known. Subscriber, who have in their possession, or who know of others having the earlier volumes of the series which are not wanted by them, are requested to inform the Publishers. By this means it is probable that a few complete sets of the work may be obtained.

RECOVERY after the Passage of an Iron Bar through the Head.
By JOHN M. HARLOW, M.D. With a Plate. A few copies of this most remarkable case, as read at a late Annual Meeting of the Massachusetts Medical Society, by Dr. Harlow, the attending physician, have been printed in a pamphlet form separately from the Publications of the Society, and may be had at this office. Dr. H. here gives briefly the subsequent and final history of the case, to the death of the individual twelve and a half years after the accident, with description of the injury as now shown in the skull deposited in the Museum of the Medical College in this city. Price of the pamphlet, 20 cents. Sent by mail, postage paid.

ORIGINAL NON-HUMANIZED COWPOX AND HUMANIZED VACCINE VIRUS OF THE BEST "STOCKS."

The subscriber continues, as for the past twelve years, to devote special attention to the propagation and supply to the profession of the best possible *material* for vaccination.

Last spring he sent a special agent to Paris to investigate fully the whole subject of animal-vaccination as practised there, and to procure such supplies of virus, in various forms and from many different animals, as might enable him to inaugurate the method here. This agent returned two months since, and the objects sought in sending him have been fully attained. Over twenty heifers have already been successfully vaccinated, others are vaccinated every few days from the two non-humanised "stocks" mentioned below, and this "service" will be continued indefinitely if, as is not doubted, the support of the profession justifies the great and continual labor and expense.

All virus issued by me is collected by myself from vaccinations of heifers and infants, made by my own hand, and is fully warranted in every respect. In any case of failure of a first supply, a second will be sent on notification within thirty days.

TERMS.

COWPOX VIRUS, derived by transmission from heifer to heifer, from the famous case of cowpox discovered at Beaugency, in France, in 1806. **COWPOX VIRUS** from inoculation of an heifer in 1868, from an original case of horse-pox at Albert in France, and since then from heifer to heifer. Crusta, \$5; Capillary Tubes of fluid lymph, \$8; Packages of ten ivory points, charged on both sides, \$2 each.

VACCINE VIRUS, of one perfectly healthy human remove from either of the above. **VACCINE VIRUS** from vaccination of healthy selected infants with the "stock" of the National Vaccine Institution of London, derived in long succession, for seventy years, from lymph collected by Jenner himself; the oldest and best long humanised virus in existence. Crusta, \$8; Tubes, \$2; Packages of points, \$1.50 each.

The Tubes and Points are recommended as the best forms of the cowpox; of the humanised "stock" all forms are equally reliable.

I shall be most happy to answer all inquiries touching the subject of Vaccination, and on any week day, from 8 to 4 P.M., to receive the visits of physicians, and exhibit to them heifers in different stages of the disease; but no orders for virus will be noticed without a remittance. The original cowpox lymph will not be supplied to or through agents or dealers.

Address Dr. HENRY A. MARTIN,

Dec 1, 1870.

27 Dudley Street, Boston Highlands, Mass.

COPARTNERSHIP NOTICE.—I have this day admitted Geo F. H. MARKON, for seven years my head clerk, and JOSEPH T. BROWN, Jr., my son, partners in my business. I avail myself of this opportunity to tender my sincere thanks to my old friends and customers for the liberal patronage bestowed upon me for more than THIRTY YEARS, and respectfully ask a continuance of their favors in behalf of the new firm. JOSEPH T. BROWN,

292 Washington Street.

Boston, March 1, 1860.

JOSEPH T. BROWN & CO., Druggists and Pharmacists, 292 Washington, corner Bedford Street, Boston, Manufacturers of Standard Pharmaceutical Preparations, and Dealers in the Finest Drugs, Medicinal and Fine Chemicals, Select Powders, Pure Essential Oils, Genuine Medicines, Mineral Waters, New Remedies, &c. &c.

We also offer a full and carefully selected assortment of that class of Fancy Goods and Toilet Requisites usually found in a first-class Drug Store.

To the very responsible duty of compounding and dispensing Physicians' Prescriptions, close personal attention will be given, and the utmost care will be taken to insure the *PURITY* and *OFFICIAL* character of all medicines used in dispensing.

By manufacturing ourselves, by careful selection from the market, and by direct importation, we shall be able, at all times, to supply our customers with the highest grades of every article in our line.

Boston, March 1, 1860.

Feb. 11—H.

PHYSICIAN'S DAILY ACCOUNT BOOK.—Published and for sale at the Medical Journal Office. This Account Book has been in use for many years, and has been found convenient and economical to the practicing physician. It is constructed upon the plan which some of the leading physicians of Boston consider best adapted to the limited time which the medical practitioner has to bestow upon the proper keeping and making out of his accounts. A cash book and ledger accompany the daily account; but as some prefer a different arrangement in making their charges, the following kinds of the books are furnished, with the prices annexed:

Small size, with Day Book, Cash Book and Ledger,	\$3.00
Large size, with the same,	4.00
Large size, Day Book only (bound up especially for individuals preferring separate Cash Book and Ledger),	4.00

Orders, with the amount enclosed, may be sent by mail to the publishers of the Journal, and the book will be forwarded by Express, or as otherwise directed.

HAZARD & CASWELL'S PURE COD-LIVER OIL.

Prepared on the Sea-Shore of Cape Cod and Cape Ann, by Mr. CASWELL, personally,
from Fresh and Selected Livers.

The universal demand for an article of Cod-Liver Oil that could be depended upon as *strictly pure and scientifically prepared*, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the *Fishing Stations*, where the fish are brought to land every few hours, and the livers consequently are in great perfection. Its manufacture is personally superintended by our Mr. Caswell, and every gallon made is closely scrutinized. This Oil is confidently recommended to the Trade and Medical Profession as the *Sweetest and Purest* in market.

It is made of fresh selected livers on the sea-coast, and can be retained by

The nauseous and offensive character of the usual Cod-Liver Oil in use is extremely prejudicial—more so than none at all; so that an article fresh and pure is indispensable.

☐ Sole Manufacturers and Proprietors, CASWELL, HAZARD & CO., under Fifth Avenue Hotel, New York City



the stomach when other kinds fail, so sweet and pure is it from the great care and skill attending its manufacture.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's oil, and give yours the decided preference."

Prof. Hayes, State Assayer of Mass., after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have carefully studied the effects of different Cod-Liver Oils, have unanimously decided the *light straw-colored Cod-Liver Oil* to be far superior to any of the brown oils.

THE BEST THREE TONICS OF THE PHARMACOPŒIA.

IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & CO. also call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable

Ferro-Phosphorated Elixir of Calisaya Bark,

a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome without any injury to their active tonic principle, and blended into a *BEAUTIFUL AMBER-COLORED CORDIAL*, delicious to the taste and acceptable to the most delicate stomach.

A teaspoonful contains one grain of the Salt of Pyrophosphate of Iron, and a pint of the mixture contains the virtue of one ounce of Royal Calisaya Bark. The Profession are warned against many imitations of the Ferro-Phosphorated Elixir of Calisaya, made from very inferior materials.

Ferro-Phosphorated Elixir of Calisaya Bark, with Strychnia.

This preparation contains one grain of sulphate of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effects.

Ferro-Phosphorated Elixir of Calisaya, with Sub-Carbonate of Bismuth.

This combination has now become exceedingly popular with the first physicians of the country, by whom it is efficiently and successfully used in gastralgia, laborious digestion, acid eructations, nausea, debility, and nervous derangements. Each tablespoonful contains eight grains Ammonio Citrate of Bismuth, four grains Pyrophosphate of Iron and three-quarters grain Quinine in its natural state of combination.

Simple Elixir of Calisaya.

Where an efficient tonic is required, and in cases where Iron is contraindicated, our simple Elixir of Calisaya will be found of admirable service. In it the finest variety of Calisaya Bark is combined with aromatics and made into a ruby-colored cordial, which is very pleasant to the taste and friendly to the stomach. One pint of the Elixir contains the virtues of one ounce of the Calisaya.

IDO-FERRATED COD-LIVER OIL.

This combination holds sixteen grains *Iodide of Iron* to the ounce of our pure Cod-Liver Oil ["*Oleum Morrhue*"] in perfect solution, making a pleasant and beautiful, clear, light-brown combination, free from the unpleasant inkiness of the Iodide of Iron. It possesses not only the nourishing properties of the Cod-Liver Oil, but intensified by the powerful tonic and alterative effects of the Iodide of Iron, thereby assisting the assimilation of the oil by the stomach, and increasing its nutrition, making this invaluable remedy (Cod-Liver Oil) far more efficacious in scrofulous and other diseases indicating its use.

This combination is one long desired by the Profession, and one, when Iron is indicated (as in most cases), the practitioner will find invaluable. One of the advantages of the Iodo-Ferrated over *all* other combinations of Cod Liver Oil is, that a much less quantity is sufficient for a dose, as it contains four or five times the amount of Iodine found in the natural oil. Physicians can rely upon this preparation as containing sixteen grains of the *Iodide of Iron* in each ounce of Cod Liver Oil.

Manufactured solely by CASWELL, HAZARD & CO.

Cod-Liver Oil, with Iodine, Phosphorus and Bromine.

This preparation represents *Phosphorus, Bromine, Iodine and Cod-Liver Oil* in a state of permanent combination. Bound indissolubly with Caswell, Hazard & Co.'s pure straw-colored Cod-Liver Oil, the Phosphorus and Iodine are carried directly with the oil into the blood and there decomposed.

The following are the proportions and constituents of one pint of our Cod Liver Oil with Iodine, Phosphorus and Bromine: Iodine, 8 grains; Bromine, 1 grain; Phosphorus, 1 grain; Cod-Liver Oil, 1 pint. Manufactured by CASWELL, HAZARD & CO.

JUNIPER TAR SOAP.

This article is highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is manufactured by ourselves from the purest materials, and is extensively and successfully prescribed by the most eminent physicians of New York. Samples of our Preparations furnished free to the Profession on application.

CASWELL, HAZARD & CO.

Successors to CASWELL, MACK & CO.,

Family and Manufacturing Chemists, Newport, R. I., and cor. 24th Street and Broadway,
New York City.

Feb. 2—eply. 5.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, MARCH 16, 1871.

[VOL. VII.—No. 11.]

Original Communications.

A CASE OF CONVULSIONS, WITH PROLONGED TONIC SPASM, MAINLY OF FLEXOR MUSCLES, IN A CHILD OF FOUR MONTHS, TREATED SUCCESSFULLY WITH HYDRATE OF CHLORAL.

By JOSEPH G. PINKHAM, M.D., Lynn.

THE child had measles, and before the appearance of the eruption, which was delayed for several days beyond the usual time, the pulmonary symptoms were so alarming as to threaten speedy death. But, fortunately, under appropriate treatment, the eruption came out, and the lungs were relieved. Everything went on well for two days, but at the end of this time the efflorescence suddenly disappeared. No immediate ill consequence was observed, except, perhaps, slight dyspnoea, and some other evidence of pulmonary congestion, until after the lapse of several hours, when the condition about to be described set in. The child had had no passage from the bowels for a day or two, and the mother, in my absence, gave a little syrup of rhubarb, which was at once rejected by the stomach. She had noticed previously, she said, signs of pain. I saw the child soon after. Its skin was natural, but the respiration was hurried, and there was apparent irritation of the brain. Ordering a mild saline laxative, warm fomentations to abdomen, with cold to the head in case it became hot, I left to return in the evening. At that time I found the child in great pain, with the thumbs drawn firmly into the palms of the hands, the fingers straight and flexed upon the hand, the hand very strongly flexed upon the forearm, the forearm upon the arm, the arm upon the body. The thighs were flexed upon the body, the legs upon the thighs, and the toes forcibly drawn upward. Abdomen rigid. All the contracted muscles were as rigid as in tetanus, and to touch them, particularly those of the hand and arm, gave pain. There was a constant rolling motion of the head, with occasional convulsions, and sharp

screams. This condition had existed for nearly eight hours. A warm bath had been tried with no effect. I immediately immersed the child in warm water, and held it there for fifteen minutes with no perceptible effect in relaxing the spasm. When taken from the bath, the child's skin was bright red, and the vascular excitement extreme. Applying cold to the head, I began to give belladonna, and persisted until a marked effect was noticed on the pupil. No result except a quieting of pain. Nothing had passed from either bladder or bowels since the spasm came on. Having but little hope of a favorable issue, I ordered injections of assafoetida in milk, with tinct. aconiti rad. $\text{m} \frac{1}{2}$ every hour in water, cold to the head, and perfect quietude. Some five or six hours after this, in the middle of the night, I was called in haste to see the little patient, who was said to be rapidly sinking. Friends had given up all hope. The symptoms were all worse than when I left in the evening, and death seemed imminent. Feeling that the case was a desperate one, I determined to use the hydrate of chloral cautiously, and to remain with the patient to watch the effect. The result was most happy, as will be seen by the following notes, taken at the time:

Jan. 7th, 1.20, A.M.—Respiration irregular, upwards of 100 per minute; rattling of mucus in bronchial tubes and trachea; forehead bathed in perspiration. Frequent convulsions, with twitching of facial muscles, and persistent tonic spasm. Gave chloral grs. ij. in a teaspoonful of water. Child is thirsty, and takes the liquid greedily. 1.40, condition nearly the same. Chloral, grs. ij. 2, more quiet. No relaxation in intervals of convulsions. Respiration about 96. Head hotter—less perspiration. Chloral grs. ij. 2.20, has passed a little flatus. Some signs of relaxation in toes. Chloral grs. ij. 2.40, quiet. Respiration 87. Chloral grs. ij. 3, lies most of the time now in a quiet sleep, from which she can be easily roused to take food and drink. Has passed a large amount of flatus. Coughs in sleep, and raises easily. Cries when touched.

VOL. VII.—No. 11

[WHOLE No. 2250]

After this the medicine was given once in half an hour for a time, and then once an hour, with a gradual amelioration of all the symptoms. A little after six, P.M., a large semi-solid passage from the bowels occurred without the attendant's knowledge at the time. Increase of relaxation in lower extremities. Breathing 72, quite deep and regular. Cough loose. Head less hot. Skin moist.

7, A.M.—Respiration 68. Toes and legs almost completely relaxed. Arms and hands a little less hard. Chloral grs. ij. every hour.

9.30.—In quiet sleep. Respiration 60. Cough loose and effective. Still further relaxation. Has put left hand to face to rub it. Had another passage from bowels of same character and in same manner.

10.50.—Still sleeping. Respiration tending downward. Pulse (now first observed with accuracy) of fair strength. Spasm in left hand slight, in right more marked. Directed child to be left alone as long as comfortable. If there should be pain or return of spasm, medicine as before.

2.30, P.M.—Somewhat feverish. Rouses up when spoken to, and looks around. Is hungry, and takes food greedily, falling asleep soon after. Ordered pot. brom. grs. ij. every-hour as substitute for chloral.

5.—Less feverish. Face pale. Uneasy.

Jan. 8th, 11, A.M.—Sleeping. Has taken two doses of chloral during the night, and been very quiet. Respiration 36, deep and easy. Pulse 120—good. Takes food well.

5.30, P.M.—Still sleeping. Pulse 118. Respiration 40. Muscles all lax. Can use both hands. No medicine to be given unless there be pain or spasm (chloral), or great restlessness (pot. brom.).

Jan. 9th, 10.30, A.M.—Took a half dose of chloral, and several doses of bromide during the night. Slept quietly most of the time, and waked up as from a natural sleep. Talks, smiles, and takes food greedily. Cough loose, but quite troublesome. Bowels in good condition.

From this time onward convalescence was rapid, and in a few days was complete.

SYNOPSIS.

Condition of Child.—Debility from severe illness; bronchial tubes loaded with mucus; respirations over a hundred a minute; imminent pneumonia; bowels confined; urination unperformed; rolling of head; sharp cries of pain; clonic or tonic spasm of nearly the whole muscular system; no beneficial effect from warm bath, belladonna, assafoetida, and other remedies thoroughly tried.

Effect of the Chloral Hydrate.—It quieted the pain and restlessness, producing a prolonged, easy sleep, without interfering with the expectoration, or increasing cerebral irritation, or preventing the little patient from taking food and medicine, or in any way disturbing the process of excretion; it gradually but surely relaxed the dreadful tonic spasm, and prevented the clonic; it seemed to diminish, rather than increase, the tendency to pulmonary congestion.

Do I state the case too strongly when I say the child's life was saved by the remedy?

PAINFUL CREPITATION OF THE TENDONS.

By FRANCIS H. BROWN, M.D., Boston.

THE occurrence in my practice of several cases designated by Nélaton* *crépitation douloureuse des tendons*, or inflammation of the sheath of the tendons, with crepitation, induces me to mention them, mainly for the purpose of noting the fact that a surgical disease of quite frequent occurrence and of considerable practical interest, is almost unnoticed in the text-books. Indeed, before the time of Velpeau, it seems not to have been recognized. Desault, Bichat and Boyer vaguely hint at the disease in their works; but it was only in 1834, in a clinical lecture given at la Pitié, that Velpeau definitely made mention of it. Dr. J. M. Warren† gives the details of three cases in his *Surgical Observations*.

The affection displays itself, at times, in the ankle, in the course of the extensor proprius pollicis. Goulain has reported a case of crepitation having its seat in the sheath of the long portion of the biceps. But in the larger number of cases which have been noticed, the disease has shown itself in the course of the tendons of the radial muscles, the extensors of the thumb and carpus and the supinator longus, and, less frequently, in the tendons of the flexors and extensors of the fingers. Twice Velpeau has found it extending to the tendinous sheaths as far as the phalanges; once I have seen it in the sheath of the tendo-Achillis. I have seen this affection in seven cases: once in a blacksmith, again in a stone-cutter, and always in cases following single or repeated forcible pronation or flexion of the member affected. It is said to be rare

* Nélaton. *Éléments de Pathologie Chirurgicale*. Paris, 1868, tom. I. 538.

† Warren. *Surgical Observations, with Cases and Operations*. Boston, 1867, p. 582 et seq.

to see this disease as a sequence of external wounds or blows, and, except that it arises from inflammation of the sheath after strains or excessive use, and exposure to cold, it is impossible to recognize the cause.

The patients under my observation have complained of considerable pain, increased by pressure and active or passive motion; a considerable swelling has been noticed along the course of the tendon, with some increase in temperature, and, once, a reddening of the skin, disappearing on pressure. The pathognomonic sign of the affection is a dry crepitus, which Nélaton compares to that experienced when starch is rubbed between the fingers, or when snow is crushed beneath the feet; but—substituting touch for sound—it recalls the crepitation of an inflamed serous membrane, as the pleura. The crepitus presents variations in reference to its extent and intensity, but has the same character in all. It can be excited by pressure, or, still better, by moving the tendon in its sheath by passive movements. Velpéau ascribes the crepitus to the friction of the tendon against the dry synovial sheath; its fluid being deficient from the inflammation of the part. The disease terminates by resolution. In the cases under my observation it has disappeared on prescribing rest and the use of evaporating lotions or warm fomentations, or by the use of an external stimulant, such as the application of iodine. Its usual duration is ten days or a fortnight; but, in the cases I have noticed, want of normal power in the limb and a certain amount of tenderness about the part have continued much longer.

THE CLIMATE OF THE UNITED STATES AND ITS EFFECTS ON HABITS OF LIFE AND MORAL QUALITIES.

By M. E. DESOR, of Neuchâtel.

WHEN a German or Swiss emigrant lands at New York, he does not perceive that the climate is on the whole very different from that of his own country. Nevertheless, after a while, and when he has established himself permanently, he begins to recognize differences which soon oblige him to modify some of his habits, and, at the end of a certain time, compel him to adopt, whether he will or no, those of the Americans, which had been, at first, the subject of his most bitter criticisms.

This experience which the greater number

of Europeans undergo, does not cease to astonish them after they have reflected upon it. They know that the Northern States are within about the same parallels of latitude as Central Europe. The well educated remember, besides, to have been taught at school that the isothermal lines, or zones of equal temperature, correspond in a still more striking manner. They have besides found by experience that winter in the vicinity of New York or Boston is nearly as cold as that of the environs of Frankfort, Basle, and Zurich, and the summer at least as warm. Nevertheless, the two climates have effects altogether different, for which he cannot account. Hence it was, that when, a few years since, the *élite* of the German population of Boston organized themselves into a lyceum to establish courses of lectures after the custom of the Americans, the principal, if not the only question of general physics upon which they manifested an earnest desire to be enlightened was precisely that of climate.

How was it, they asked, that they were all obliged to modify, after a certain time, their habits of life, and even their modes of proceeding in the different arts and trades?

Having been invited to give some lectures on the comparative climatology of the continents of Europe and America, I was led to investigate in a special manner the nature of those climatic influences and the extent of the modifications which they bring with them.

The phenomena of which we treat are of two kinds: those which relate to common life and which everybody can appreciate, and those which are noticed in the exercise of certain professions.*

To the first category belong the following phenomena:

1st. German women are all astonished at the facility with which linen dries, even in the depth of winter, so that washing takes in general less than half the time it does in Europe, which makes the custom so general in the United States of washing every week.

2d. On the other hand, those same housekeepers, especially those who live in the country, are in despair at finding how rapidly their bread dries up. Habituated in their native country to making a supply of bread for several weeks, they are in consternation at seeing that their bread, although prepared in the same manner, hardens and

* In speaking of the United States in comparison with Europe, we have especially in view the Northern States of the Union, and not Texas or California, where the climatic conditions are altogether different.

becomes uneatable in the course of a few days; they impute it to the quality of the flour, or of the water, they lose their temper, they bemoan themselves, and after awhile they end in adopting the American custom of making bread every day, or at least every other day.

3d. This inconvenience, which is no imaginary one, is compensated in a certain degree by some advantages which we at home do not enjoy. Thus mouldiness is much less to be feared in the United States than with us. It is rare that provisions suffer from it in winter. The cellars, in particular, unless they are in damp and low places, are excellent, whence it is that every kind of food, fruits and vegetables, are preserved much longer and more surely than with us.

4th. The same absence of moisture is observed in a still more striking manner in winter, when the windows of apartments show less moisture upon them than with us. Thus Germans who are accustomed to see at home the window panes covered with arborizations during a great part of the winter, and can hardly conceive of Christmas without frost-flowers, are disappointed at not seeing them more frequently in America; and yet the weather there is as cold at Christmas as it is at Hamburg or Munich.

5th. There are, besides these subjects of common observation, others which bear upon hygiene, and which every one can make in his own person. I will give here but one example, the influence which a residence in the United States has upon the hair, which, at the end of a certain period, loses its moisture to a considerable degree. Thence comes the greater need of oil and pomatum, and consequently the greater number of hair dressers. Many a young man who in Switzerland or Germany would recoil from the idea of using pomade or Macassar oil, from the fear of seeming effeminate, finds his steps taking more and more frequently the path to the hair dresser's, after having lived for some time in the United States.

The experience undergone in the exercise of the different arts and trades is not less significant. Here are a few examples, which I have received from persons of intelligence and reliability.

1st. Builders do not find themselves under any necessity of leaving their houses to dry for a season before surrendering them for occupation. The mason has hardly left, when the occupant enters without any fear of rheumatism or any of those infirmi-

ties which are so liable to be incurred among us in new houses.

2d. House-painters can apply much sooner than with us a second coat of varnish or distemper without their work suffering from it.

3d. On the other hand, cabinet-makers, and above all makers of musical instruments, are obliged to be very careful in the selection of the wood which they work up. Wood which in Europe would be thought abundantly dry, could not be made use of in the cabinet-makers' shops of Boston or New York, where it would crack in a very short time. Inlaid floors, especially, require extreme care, so that they are rarely seen, even in the houses of the most opulent. It is to the same cause that we must attribute the great success of American pianos, while those of Paris and Vienna, perfect as they may be for Europe, deteriorate in America very soon.

4th. Carpenters are obliged to make use of a much stronger glue than in Europe.

5th. The tanners, also, have remarked that their skins dry more easily there, which enables them to carry on their operations farther in a given time. They are particularly astonished at the rapidity with which the desiccation goes on in winter.

6th. Finally, I can cite a fact taken from my own experience as a naturalist. You know what care we have to take in Europe to protect our collections of natural history against dampness; it is only by placing lime or other absorbents in our galleries that we can succeed in protecting them from moisture, especially in new buildings. At Boston, I have seen collections of birds and mammiferous animals deposited in apartments which the plasterer had scarcely left, without any thought of placing absorbents in them. When I remarked upon this to the curator, expressing my solicitude for so many precious objects, which I thought exposed to the risk of being spoilt, "You forget," he replied, "that we are in New England, and not in Europe."

All these different phenomena are referable to one and the same cause, which you have already divined—the greater dryness of the air of the United States. It might even appear idle to dwell as much as I have done upon this peculiarity of the American climate, if this result was not apparently in opposition to the meteorological data which we possess relating to that country.

"You assert," it has been often objected to us, "that the climate of the United States is dryer than that of Europe, nevertheless

we know that it does not rain there any less, nor less often, than with us."

In fact, the quantity of water which falls in the United States, under the form of rain or snow, not only is not less, but it equals and even surpasses that which falls in Europe. Thus, according to the most recent data that we possess, there falls annually,

In Boston, 38 inches of water.

" Phila., 45 " "

" St. Louis, 32 " "

while in Europe, the annual quantity of water which falls at a given point is

In England, 32 inches.

" France, 25 " "

" the centre of Germany, 20 inches.

" Hamburg, 17 inches.

The number of rainy days in the United States is also not less than in Europe, with the exception, perhaps, of the British Islands and Norway. On the other hand, it appears to be greater than in Eastern Europe.

Do I need to point out that the contradiction which seems to result from these data is only apparent, and that notwithstanding the greater quantity of water that falls, the climate is, nevertheless, on the whole, drier in the United States than in Europe. The reason of this is very simple: it is that during clear weather the air is less charged with humidity than with us. The atmosphere does not, as in England and the west of Europe, continue in a state nearly that of saturation, but the moment the rain ceases, and a change of wind brings back fine weather, the hygrometer falls immediately, and the dew-point keeps sensibly below the temperature of the surrounding air. There is in this respect a similarity between the climate of the United States and that of the Alps. Our mountains, as you know, have furnished results in appearance not less contradictory. Relying on the fact that it rains oftener there than on the plains, the conclusion has been too hastily drawn that the air in the mountainous region was less dry. Thus we see that in the older meteorological manuals, and even in recent works, the climate of the Alps figures among the moist climates, while in reality the air there is much more dry, a fact which any one may verify on a fine clear day. It is to this very circumstance that we must in great part attribute the fact that we are less fatigued in traversing the mountains than the plains.

The cause of the greater dryness of the American climate it is easy to apprehend. In America, as in Europe, the predominant winds are from the west. On our European

coasts, those winds come charged with the moisture with which they have become saturated by their contact with the ocean; hence it is that they generally bring with them rain. In the United States it is the reverse. The western winds do not reach the Atlantic coast until after having swept over an entire continent, and during that passage they have lost a great part of their moisture. For that reason they are seldom accompanied with rain. They act the same part that the east winds do with us, which for the very reason that they come to us from over the continent, are dry and greedy of moisture. We all know how much more rapidly our roads and our fields dry under the influence of the north wind than that of the south wind [from the Lake].*

To what degree do atmospheric conditions, so diverse, influence the conditions of animal and vegetable life? Buffon already, in comparing the animals and plants of the new continent with those of the old, had pointed out a double contrast. He had remarked that the animal species of the American continent† were in general smaller than their congeners of the old continent, while nearly the reverse was true of plants. He concluded from this that the new continent was more favorable to the vegetable kingdom, while the old was more so to the animal kingdom.

The history of the United States does not extend over a sufficiently long period to furnish us with conclusive data upon the modifications which the different races of animals imported from Europe may have undergone through the influence of climate. It is man himself who will furnish us with the most instructive facts upon this point.

It is now nearly two hundred and fifty years since the first colonists established themselves on the shores of New England. They were, as is well known, dissenters, who expatriated themselves because they wanted a larger share of religious liberty than the English Church was disposed to allow them. They were in every respect true Englishmen, having all the physical and moral characteristics of the Anglo-saxon race. At the present day, after but little more than two centuries, the inhabitant of the United States is no longer simply an Englishman. He has traits which are pe-

* By a natural consequence of the contrast which I am enunciating, these same east and northeast winds, which with us are generally dry and cold, are in the United States invariably accompanied with rain. All who have lived in New York and New England know but too well the northeasterly storms (*les bourrasques du nord-est*) which are so frequent in spring.

† It will suffice to compare the lion with the panther, the rhinoceros with the tapir, the camel with the lama.

culiar to himself, and which cannot be mistaken, any more than the English physiognomy could be confounded with the German. He is, in a word, developed as a Yankee or American type. But as this type cannot be the result of a crossing of races, since it is the most marked in the eastern States, precisely where the race is less mixed, it must be the consequence of external influences, among which we must place in the first rank those of climate.

One of the physiological characteristics of the American is the absence of *embonpoint*. Pass through the streets of New York, Boston, or Philadelphia, and you will hardly meet one out of a hundred individuals who elbow you who is corpulent, and that one will most generally be found to be a foreigner or of foreign descent.

What particularly strikes us in the Americans is the length of the neck; not, let it be understood, that they have the neck absolutely longer than ours, but that being more slender it appears longer. In turn, the American easily recognizes Europeans by opposite characters. It has happened to me more than once that in forming conjectures with friends upon the nationality of individuals whom we have met on a public promenade, I had doubts as to their origin, while the Americans decided upon the point without hesitation. "But look," said they, "at the neck. No American has a neck like that."

The same remark applies, and with more strength, to the fair sex; and, what will perhaps astonish us, is that far from complaining of it, they appear to felicitate themselves on this peculiarity. In fact, it is from this that the delicate and ethereal expression arises which is so much vaunted in the American women. But while we may recognize what there may be of attraction in this type, which, with or without reason, the poets characterize as angelic, I think I do not deceive myself in supposing that our European women, in being more robust and plump, have not any less claims on our admiration.

The difference which I have just pointed out between the Americans and the Europeans, is not only the result of a less development of the muscular system; it depends as much if not more, on the reduction of the glandular system, and in this regard it merits serious attention on the part of the physiologist as involving directly the future of the American race. It is this that the most intelligent have foreseen; they have felt that there must be a limit to this excessive delicacy of forms, and it is for this reason

that, notwithstanding their instinctive aversion to the Irish (who furnish the largest contingent of emigration), they are far from being opposed to the immigration of that race, who by the plenitude of their forms and the richness of their glandular system, appear made to resist with better effect the influences of the American climate. The remark has, in fact, often been made that the handsomest women are those born of European parents.

More than this, these influences of climate are observed to operate not only on a new generation, but are seen in many instances in individuals when they change their residence from the eastern to the western continent. Thus it is that few Europeans grow fat in the United States, while Americans who live for a short time in Europe acquire an air of health and well-being which is very remarkable. It is sometimes the same with Europeans who return to Europe after a prolonged residence in the United States. In the person of him who addresses you, nothing would be easier than to furnish a proof of this.

When it is demonstrated that the greater dryness of the air can occasion, under similar latitudes, differences so remarkable as these we have pointed out, why should we refuse to recognize an influence from this cause in a more complex domain, but not less dependent on external circumstances? This leads us to say a word upon the differences which are to be recognized, in a moral point of view, between the Americans and the Europeans.

There is no European who, in landing at New York, Boston or Baltimore, has not been struck with the feverish activity which prevails on all sides. Everybody is in a hurry. Persons on the wharves and on the sidewalks are running rather than walking. If two friends meet in the street, they content themselves with a shake of the hand, but they have, as a general thing, no time for conversation. It is true that something like this can be seen in the seaports and large towns of England; only the activity of the English appears to me more intentional, while that of the Yankee is more instinctive—the result of habit and a natural impatience, rather than of necessity. Hence it is that it betrays itself on occasions when it is absolutely unseasonable. The Americans have been reproached, and justly too, for not allowing time enough for dinner. On the part of persons under the pressure of business, it could be accounted for on that ground, were it not that the habit is so general as to seem in a cer-

tain degree endemic. This is so true, that I have more than once seen passengers on shipboard, who had absolutely nothing to do, who were not the less in a hurry to leave the table. It is only with effort that this impatience has been kept under restraint at the watering-places; but that has been only accomplished by a recourse to what is the most powerful of levers—by stigmatizing this precipitation as unfashionable [*de mauvais ton*].

An impatience so general must necessarily have its source in some general cause. Although we possess as yet no precise data to explain the manner in which a greater or less degree of humidity of the air acts on the nervous system, we think we do not deceive ourselves in attributing this greater nervous irritability of the inhabitants of the United States to the dryness of the American climate. May we not cite in support of this opinion the less durable yet not less constant effect which the northeast wind has upon us? The northeast wind, as we have already remarked, corresponds in its effects to the northwest wind in America. It is the wind blowing over the continent, and we can all confirm its desiccating action. But the influence of our northeast wind, you are aware, does not end here; it is more general. The inhabitants of the Jura know but too well that it acts, also, upon the nervous system, and even upon the disposition of the mind, to such a degree that when the northeast wind, especially a sharp wind [*la bise noire*], blows for a length of time, they feel a kind of disquietude, of irritation, which even degenerates sometimes into ill-humor; and it is not perhaps without reason that it is said in some localities that the northeast wind makes the women out of temper. It is then, too, that we have the least need of stimulants, and I have heard a shrewd observer make the remark that one should never invite friends to dinner during a northeast wind.

But if a dry wind produces such marked effects in our own country, where, nevertheless, it blows only exceptionally, we may conceive that its influence must be very much greater in a country where it is the dominant wind, as is the case along the Atlantic coast of the United States. From this cause there is also there less need in general of stimulants. Shall we err in assuming that it is to the climate that we must refer the much more pernicious effect of fermented liquors in the United States than elsewhere? It is a well-recognized fact that Europeans, and especially the English, who are in the habit of drinking wine

and spirituous liquors at home without being harmed by them, are obliged, if not to renounce them, at least to restrict themselves in the use of them, from the moment that they settle in the United States. It is owing to this experience, that temperance societies have been able to exert so preponderating an influence there, and to dictate legislative measures, which, if they were enacted with us, might well transform into revolutionists some of our most determined conservatives.

So, also, the Americans, notwithstanding their apparent coldness, are constitutionally more irritable than Europeans. Their susceptibility is proverbial. Can it be said that on this account they are more violently irritable than we are?*

According to this theory, they should be so, and they would perhaps be so, if they had not provided in season against the ill effects of this greater nervous irritability by carefully repressing, more than we do, all movements of impatience. Those who have lived in the United States know what care is there taken in the early instruction of children to inculcate the habit of self-government. Hence it results that a people the most irritable on the face of the earth is found to be at the same time the best disciplined. Liberty, especially, is only possible in the large measure in which it exists there, because each individual has been early accustomed to restrain his impulses. To keep himself in this path the American has no need of a police. Public opinion, besides, is sufficient to recall him within the limits of decorum when he has strayed away from them. It is in the lowest taste for a man who makes any claim to the title of a gentleman to allow himself to get angry, and still more to resort to acts of violence. Thus the Americans take satisfaction in saying, what is but too true, that when two individuals fall to fighting in the street, it may be taken for granted that they are either Irishmen or Germans.

God forbid, nevertheless, that we should assume that the position, the prosperity, and the liberty of a country are the consequences of its climate! The example of England, with its climate directly the reverse of that of America, would confute us, if we were to hazard such a paradox. But we think, on the other hand, that the greatness of a nation does not depend so exclusively on its institutions as some eminent

* We should here distinguish between vivacity, the dominant trait of the inhabitants of warm countries, which is the effect of temperature, and the irritability which is caused by the dryness of the air.

authors have thought. The climate of the United States, in inducing the adoption of certain principles of education, has perhaps in that way even facilitated the extraordinary development of the American people, under conditions which, otherwise, might have proved fatal to their prosperity, and above all to their liberty.

Hospital Reports.

BOSTON CITY HOSPITAL.

Surgical Cases in the Service of CHAS. D. HOMANS, M.D.
Reported by Mr. W. P. BOLLES, House Surgeon.

CASE I.—*Comminuted Fracture into the Shoulder-joint, becoming Compound.*—S. A. V., mulatto, æt. 27 years, temperate. Patient was thrown from and was struck by the front of a horse-car. At the time of entrance there was such excessive effusion about the right shoulder-joint that no satisfactory examination could be made. One fracture of the humerus, below the neck, however, was evident. The hand was badly crushed throughout its whole back, and the adductor pollicis forced out between the thumb and index finger. Pulse 100. Shock alarming. On the third day after entrance, the swelling was still enormous. Eleventh day.—Hand and arm painful; the former sloughing in spots over the back, and presenting fatty looking ulcers. The patient could move all the fingers a little. Swelling of shoulder three-fourths gone. From this time he improved slowly, although his appetite still continued very poor, and on the twenty-first and twenty-second days he sat up a little; but a light delirium had been present for a night or two, and on the twenty-second day an erysipelatous patch, as large as the two hands, appeared in front of the shoulder, and rapidly extended down the arm to the wrist, over the front of the chest and upon the face up to the eyes. The general condition at the same time became very critical; the delirium appeared through the day also, and the patient made frequent attempts to get up. Micturition was involuntary, and the pulse, at night, was 124. Then the skin yielded just below the outer half of the clavicle, and about three ounces of thin, brownish fluid, mixed with oily globules, was discharged. The opening was enlarged next day, and two or three ounces more of pus liberated. A small piece of the humerus was found in the cavity and removed, and a second frac-

ture of the bone then discovered, extending into the joint. The erysipelas disappeared, and profuse suppuration followed.

By the thirtieth day the parts around the opening became very sloughy; the base looked like wet brown tissue-paper, and the patient's condition seemed hopeless. The tongue was dry and hard, and articulation became so indistinct that it could not be understood. During the two following days, the ulceration increased to a length of four and a half inches, and undermined the skin extensively in several directions. The pulsations of the subclavian were distinctly seen lifting the slough covering its base. He was still delirious on the thirty-seventh day, with the same rapid pulse and dry tongue. The discharge was abundant from both hand and shoulder. Arm cedematous. Forty-second day.—Gaining. Forty-seventh day.—An incision was made in the posterior fold of the axilla, which liberated a large quantity of offensive pus.

From this time the patient continued to improve. In the course of a week he was again rational; the pulse had fallen below 100, and the tongue became more moist.

By the sixty-third day he sat up. His hand had nearly healed, and the shoulder was granulating finely. He ate well, and, for the first time since his entrance, only at regular meal-times. Shortly after, his stimulants, which had been freely given since his entrance, were omitted.

Seventy-two days after his accident, he was discharged, with the fractures united and the shoulder healing slowly.

Five weeks afterwards, he appeared for examination. The ulceration on the shoulder was still two inches long by a half inch in width. The deltoid muscle was atrophied, and the acromion process prominent. Arm slightly longer than the other. A large callus surrounded the upper third of the humerus. He has some power of motion over the shoulder, and can lift a five-pound weight to the umbilicus with his right hand. Is in good general health, and walks two or three miles without fatigue. The only apparatus used was a tin trough while he was in bed, and afterwards a simple sling.

CASE II.—*Perinephritic Abscess.*—John S., æt. 40 years, Swiss, slipped while carrying a light load down stairs, and fell upon the nates and right side. At the time of entrance, he had a general sprain of hip and back, and a very tender spot was noticed over right twelfth rib, with pain on moving, or deep inspiration. No fracture was detected, but the rib seemed more movable than its fellow.

These symptoms readily diminished, and by the eighteenth day had entirely gone; but on the fourteenth day, pain, of a dull, steady character, appeared in the left lumbar region, and was more severe than that of the right. The patient was not able to lie, sit or stand long at a time. His appetite became poor, and his bowels torpid.

The pain still continued on the eighteenth day, and had extended down on the outside and front of thigh.

On the thirty-fourth day, a tender fluctuating spot appeared two inches below the left twelfth rib. This was opened four days later, and about ten ounces of bloody pus discharged. The cavity extended up under the twelfth rib farther than the finger could reach. It reached outwards, too, and downwards nearly as far; and, finally, the finger could pass inward around the bodies of the vertebræ in front. The bleeding which followed was rather troublesome. The patient was quite feeble.

During the following fortnight the suppuration was so profuse as to require two entire changes of sheets and clothing nearly every day.

On the forty-seventh day, a small, superficial abscess, containing about a half ounce of pus, a little outside of the first opening, was incised.

On the fiftieth day, a sudden and severe attack of dyspnoea appeared, with sharp pains reaching from the incisions upwards toward the left chest, and marked constitutional disturbance—pulse 120.

Three days later, the depression became alarming. Pulse 160; respiration 40, distressed; appetite gone.

From this date, however, convalescence commenced, and, without any further drawbacks, he regained his health and strength, and was discharged, well, on the seventy-eighth day from his admission.

CASE III.—Remarkable Fragility of Bones.—Mary N., æt. 46 years, married. Patient is a very small, thin woman, not weighing more than ninety pounds, with the least possible development of muscles, and with varicose veins of both legs.

She has had very good health until about two years ago, when she had pains of a rheumatic character in limbs and joints. Catamenia ceased about two years ago.

On the day of her entrance, she rolled or fell from her chair on to a chest, and struck with slight force upon her right arm, causing a simple oblique fracture near the middle of the humerus. This was put up in the usual way, and when the apparatus was removed, on the twenty-fifth day, the arm

was found to be straight, and the union perfect.

A week later, she was discharged, well. During her stay here, she had vague pains in the arms and lower limbs, especially in cloudy weather.

A month after her discharge, she appeared at the Out-patients' Room, with a fracture of the left clavicle, produced in no other way, that she can recall, than by getting into or out of her high bed.

Three weeks later, the arm was examined, and the shoulder-joint moved with very moderate force, when, with a crunching noise, the humerus yielded—not at the site of the original fracture, but half way between this and the head of the bone. The arm was put up as before, and in three weeks was again united. But, meanwhile, the elbow-joint had become somewhat stiff, and an attempt to straighten the limb, although gently made, resulted in refracturing the humerus at the site of the first injury near the middle.

In a fortnight more, this again became stiff, and a distinct callus could be felt strengthening each point of fracture. The splints were retained, however, for another week, when all seemed well again, and the apparatus was removed.

She continued well for about a week, when first the lower and then the upper callus dissolved away, leaving the bone in three distinct pieces. These are again uniting, and the patient is still in the hospital.

CASE IV.—Amputation following Necrosis.—Timothy M., æt. 35 years. Patient, in his youth, had had extensive necroses of both tibiæ, and his legs bear scars of several sinuses which had healed.

Two years since, swelling of the left leg appeared quite rapidly, followed by pain, and stiffness of the ankle-joint. These symptoms have continued in a greater or less degree until now—rather increasing, however.

The left ankle is so swollen, together with the tibia above it, that the leg does not diminish in size from the belly of the calf downwards. The skin is smooth, shining and white, the joint scarcely movable, and tender on pressure. His complexion is light and "scrofulous," although he says his general health is good. There is some apparent œdema of both legs. Urine not remarkable. As his leg is entirely useless, and, in addition, disables him by its pain and swelling, he is anxious to have it removed. This was done by the flap operation nine days after admission, and about five inches below the knee.

The shafts of the bones of the leg were found much enlarged, soft and spongy; joint not involved.

Convalescence was attended with considerable pain, chiefly at night, and embarrassed by a very poor appetite on the part of the patient; nevertheless, he was discharged thirty-eight days after admission, and twenty-seven after the operation, nearly well.

CASE V.—*Dislocation of Femur*.—Eugene M., æt. 6 years, fell about twelve feet. It is not known how he struck.

When brought to the hospital, half an hour afterwards, the leg was semi-flexed upon the thigh, and its middle line carried nearly outwards to the outer border of the latter. Knee very little swollen. Motion impaired. The inner condyle of the femur, and the outer tuberosity of the tibia, with the head of the fibula, projected far beyond the outer condyle and the inner tuberosity; marked depressions in the usual site.

Reduction was easily effected by extension, and pressure upon the projecting parts, while the patient was under the influence of ether; the limb returning with a snap, and regaining its natural motions with some lateral looseness.

On the second day, the joint was excessively swollen, but this rapidly subsided, and, in fourteen days more, patient was discharged, perfectly well, and not in the least lame.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
F. B. GREENOUGH, M.D., SECRETARY.

JAN. 23d.—*Hepatic Disease; Cancer and Dilatation of Gall Ducts*.—Dr. SHATTUCK reported the case.—K. C. æt. 50. Father died of "dropsy." Mother died of "cancer." Patient is a thin and delicate-looking woman, of a dark complexion, and states that she has always been temperate, and that her health, until within the past three months, has generally been excellent. Late in the summer her health, from causes unknown, began to fail, and she complained more or less of pain, dull in character, in epigastric and right hypochondriac regions; also swelling in epigastric region after taking food of any kind, which was often accompanied by nausea. Simultaneously with pain she noticed a "deadness" in epigastric and right hypochondriac regions. No history of passage of gall stones. The

symptoms did not seem to increase in severity till about six weeks ago, when the pain became more persistent, and the other symptoms more marked. A week later (five weeks since), she noticed her skin was assuming a yellowish tinge, which gradually deepened till it attained its present hue.

She now (Dec. 7th), complains as follows, of pain, in epigastric and right hypochondriac regions, circumscribed, dull in character, and most troublesome in early morning. Nausea more or less of the time.

Dyspnoea slight, on exertion. Palpitation occasionally. No ascites. [No œdema of feet. Has headache and vertigo a good deal of the time. Feels very weak. Excessive pruritus. Appetite poor; digestion difficult; bowels costive; dejections small, hard, and of a light yellow color.

Urine normal in quantity, and of a very dark color—tongue with thin, moist coat. Pulse 100. Has been in the house but two weeks.

Exam. urine: s. g. 1021; acid reaction; chlorides normal; no albumen; coloring matter of bile present.

By microscope, vesical epithelium, and epithelial debris; no pus, blood, or casts; no crystals.

Dec. 9th.—Flatness commences at sixth right rib, and ceases at lower border of ribs; some fulness; dullness and deadness in epigastric region.

Dec. 11th.—Generally drowsy, yet says she does not get sleep enough. One dejection, moderate size, consistency of putty, and of a sage-green color.

Dec. 13th.—In bed, looking whiter, and says she is free from pain.

Dec. 21st.—Complains only of debility.

Jan. 2d, 1871.—Is in bed, and feeling weak and poorly; had a chilly turn yesterday, with discomfort and uneasiness; color as at last report; pulse regular, about 92; abdomen not tender on pressure.

Jan. 6th.—Complains of dryness of mouth, particularly tongue.

Jan. 7th.—Complains of great weakness. Tongue dry; sordes on teeth.

Jan. 11th.—Is losing rapidly in flesh and strength. Dryness of mouth, and soreness of lips. Pain and tenderness in hepatic region. Abdom. full and resonant.

Jan. 12th.—Tongue abraded, and with good deal of white coat. Abdominal pain, tenderness and tenderness.

Jan. 14th.—Progressive jaundice and debility; sordes about lips; still complains of abdominal pain.

Jan. 15th, A.M.—Respiration rapid and labored. Pulse 120 and weak.

P. M., 9.30.—Patient died.

Autopsy by Dr. Fitz, who showed the liver, which was somewhat enlarged, and adherent in several places to the diaphragm.

The capsule in general sufficiently smooth and translucent, thickened at union of right and left lobes, at which point were some half dozen circular elevations, two lines in height, perhaps one-fourth inch in diameter. On cutting into these, we found cavities containing a dark green, opaque fluid, of the consistency of cream.

On cutting through the liver in various directions, similar cavities were everywhere found. The walls were, in many instances, quite smooth and shining. Again on pouring water into the larger cavities, shreds of tissue would float up from the wall. On following out one of the large bile-ducts, one of these cavities was seen to be the result of a saccular dilatation of its wall. The dark green fluid was found to contain fatty degenerated cylindrical epithelium, small round cells, and detritus. The liver parenchyma in general of a green color, the acini relatively small, and distinct. In the minute biliary canals between the hepatic cells were seen dark green, translucent plugs, biliary concretions.

On examining the fissure of the gall-bladder, a mass of induration was found extending down into the portal fissure. Vessels, ducts, gall-bladder, and lymphatic glands united in forming a confused mass. The common bile duct was opened into the duodenum. At the intestinal orifice, a calculus, white, glistening and with facets of the size of a bean, plugged the canal of the ductus communis. Some three inches upwards, and a half inch below the orifice of the cystic duct, a thickening and induration of the mucous membrane commenced, and increased in amount along the hepatic duct till near the point of division into the various ducts for the different lobes of the liver. Here the mucous membrane gradually assumed a normal appearance. A half inch above the orifice of the cystic duct, the thickening was most marked. At this point a calculus, the size of a small pea, was found, and the mucous membrane beneath had a shaggy appearance, while at the same time a considerable diminution in the volume of the canal had occurred. The thickening of the mucous membrane was in parts one-fourth inch, gray and opaque. The lymphatic glands beneath the duct were enlarged to the size of beans, firmly adherent to the duct, and contained several nodules—gray, opaque, and relatively dense.

The microscopic examination of the diseased mucous membrane and the glands showed a commencing cancerous infiltration. The cells were large, cylindrical; cuts parallel to the surface of the membrane, presented anastomosing bands of cells, cross sections of which were generally quite circular, and in many cases a distinct lumen seemed to be present.

The gall-bladder was firmly contracted about some 40 calculi, resembling in appearance the one previously described, the smaller perhaps two lines in diameter, the larger of the size of a bean. These were imbedded in a curd-like puriform material, and the wall of the gall-bladder from the fundus to the bend in the cystic duct was converted into a suppurating surface.

The fundus of the gall-bladder was firmly adherent to the duodenum, some three inches below the pylorus, at which point the mucous membrane was thickened, contracted irregularly, gray and opaque, the surface roughened. Microscopical examinations showed, however, merely a cellular infiltration.

The kidneys were in a state of parenchymatous inflammation, the cortical epithelium infiltrated with granules, and the straight tubes containing numerous hyaline casts.

Dr. Fitz said that the case was a very interesting one, as showing a cancerous deposit in the common duct, and none in the substance of the liver. He thought that in some cases, cancer in the ducts might be overlooked, and a deposit in the parenchyma pass for primary, when in reality it was secondary.

Dr. ELLIS spoke of a similar case, which he had seen, where the liver was more rarified, so much so as to crepitate like an emphysematous lung. The ducts were very much dilated, and the substance of the liver, under water, looked like shreds. In Dr. Shattuck's case the liver at the autopsy was not found much enlarged, but during life it seemed to be very much so.

Dr. JACKSON spoke of a specimen which showed the ducts to be much distended; also of a case he had seen, where there were symptoms of hepatic trouble, and also evidence of the liver's being enlarged at times, and again regaining its normal size. This he had supposed to be a case of distended ducts. He had seen many cases of primary cancer of the gall-bladder that had extended into the substance of the liver. The cancer in these cases was always encephaloid. In a case reported by Dr. Flint,

gall-stones were found in the cancerous mass, like plums in a pudding. It has been observed that in cases of cancer of the gall-bladder, gall-stones are usually found. Dr. Jackson doubted whether all cases that had been considered primary cancer of the liver, could be secondary to an overlooked deposit in the ducts.

Earlier Physical Signs in Phthisis.—Dr. KNIGHT said that the investigations and theories of Niemeyer had caused the question of the earlier physical signs of phthisis to be renewed. It has been urged against Niemeyer's views, that the earlier physical signs show the existence of some deposit or consolidation, whereas, if his theories are correct, we should get the physical signs of bronchitis, and Dr. Knight thought that such was the case. He had seen cases in which the first sign noticed was a dry r le at the apex, followed, after a short time, by moist r les, but without any change in percussion or in the respiratory murmur. Then in six months some signs of consolidation would appear.

Dr. ELLIS agreed with Dr. Knight that the first physical signs of phthisis noticed, might be those of bronchitis, and not of consolidation.

Dr. MINOR said that the question of the correctness of Niemeyer's views on phthisis was a very important one, as, if he is right, we should never neglect a cold, whereas it has always been thought that a cold cannot cause phthisis. He spoke of one case in which he found no physical signs until those of consolidation appeared; also of another, in which, one week after not finding any signs at all, he found consolidation.

Dr. Knight said that many phthisical patients did date their trouble back to an ordinary cold.

Alarming Symptoms following the use of Chloral.—Dr. MINOR reported the case. A lady who had for many years been a great sufferer from severe headaches, neuralgic pains, and other troubles, had derived great relief from an occasional dose of chloral, at bed-time. On one occasion, while suffering severely from a whitlow, she took forty-five grains of the medicine, in three doses. She slept nearly 72 hours, very quietly, waking occasionally to take food. At the end of this time, she awoke, somewhat prostrated, and occasionally delirious. She then took another dose of fifteen grains, at bed-time, and probably another in the course of the night. The next morning she was found by the nurse, who slept in the same room with her, in a state of extreme prostration, hardly able to speak, and with cold extremi-

ties. The pulse was very feeble, slow and intermittent, and the patient seemed to be in an alarming condition. Stimulants were freely given, and the patient rallied and recovered.

Dr. HOBBS said that he had a patient who had taken 280 grains of Morson's chloral in ten hours without any bad effects.

Dr. WHITE spoke of an eruption, of an eczematous nature, which he had observed in two or three cases, where the patients were taking chloral, which disappeared when the chloral was stopped, and returned on its being again resumed.

Bibliographical Notices.

The Second Annual Report of the Children's Hospital. Boston, 1871.

We have received a copy of the second annual report of the Children's Hospital in Boston, from December 28, 1869, to December 28, 1870. The names of the officers of the Hospital were given in the JOURNAL of January 5th. The Report says:—

"The position of the Hospital to-day, as compared with that of one year ago, we feel to be an interesting one, not only to the members of the Corporation, but to our benevolent public generally. At that time the idea of a Hospital for sick and maimed children had just taken form and become a reality; and it has been the privilege of the Managers, during the past year, to advance the idea, and bring it to its full development." * * * * *

"It is highly gratifying to us that we can assure the Corporation that their charity has resulted in a large amount of good to the community. During the year now closing sixty-nine patients have been received, making our total for eighteen months ninety-nine." * * * * *

"We have lost some; but our death-rate has been very small: we have sent some away uncured; but we have healed a very fair proportion, when we compare our own with the statistics of other hospitals." * *

"The Board of Managers cannot speak in too high praise of the assistance they have received from those kind and cultivated Christian ladies who have been instrumental in carrying on the Hospital during the past year. The system of caring for the sick, and especially for sick children, which seeks its only recompense in the consciousness of doing God's service; which

is thoroughly rewarded by watching the return of health to the wasted one, and the lighting up of intelligence in the lack-lustre eye—needs no criticism. The care of the sick which is influenced by such considerations as these requires no surveillance to insure faithfulness in the discharge of duty, no reminders to urge the eye to be watchful, or the hand skilled and gentle. Indeed, the system of voluntary nursing, as suggested by the founders of the Hospital, and as carried out for the past eighteen months, has demonstrated the fact that it is the only satisfactory method of meeting the existing wants; and we are assured by our medical staff that it is by far the most efficacious method which exists. With the hope which we entertain of carrying out the system more completely, it bids fair to be a success. The Managers would feel that they were doing themselves an injustice, did they fail to mention the never-wearying, ever-skilful, watchful care of the Lady Superintendent; the gentle ministrations of the sister who left us in June, and is now preparing, in a foreign land, for still further work in the service of the Lord; and the kindly aid given by many ladies in caring for our patients during the past year. Their services are fully and kindly appreciated and gratefully acknowledged.” *

“The medical attendance of the Hospital has been gratuitously rendered by a staff of physicians and surgeons. Their Report shows that the whole number of patients received during the year is sixty-nine: forty-nine males, and twenty females. Of these, thirty were medical cases, and thirty-nine surgical; eighty-three have been discharged—thirty-nine well, twenty-seven relieved, &c.; seventeen still remain in the Hospital.” * * * * *

“The Hospital should be largely endowed. The great need of the Institution is money. The Charity should not stand just as it is: it should, and we believe it will, take rank with the largest; for it is already as important as any. It should not be, nay, it will not be, in vain that we ask for means to place it on a sure and permanent basis.”

We have only one word of comment to make. Whether it were best that “The Children’s Hospital” should permanently remain on its present basis, or be placed under the shadow of some older establishment, time will show. But, the charity itself we have always felt to be a great disad-vantage, and it has our warmest wishes for its continued prosperity. P.

Pathologie der Zähne mit besonderer Rücksicht auf Anatomie und Physiologie. Bearbeitet von Prof. Dr. C. WEDL, mit 102 Holzschnitten. Leipzig: Arthur Felix. 1870.

The Pathology of the Teeth, with especial reference to their Anatomy and Physiology. With 102 wood-cuts. By Dr. C. WEDL. Leipzig: 1870. pp. 362.

The subject of Dental Pathology is interesting alike to the Physician and the Dentist. It is therefore a matter of congratulation to both classes of practitioners that the subject has been taken up and well treated by one so able to master the subject as Prof. Wedl. For many years the distinguished Professor of Histology in the University of Vienna, the author of a standard work on that subject, translated by the (old) Sydenham Society, and the contributor to scientific literature of many valuable works, he has, in this way, become well known to the leading savants of Europe. The work which he now offers is collated largely from very valuable material left to him by the late Dr. Heider, Professor of Dental Pathology in the University of Vienna. The result of the life-long work of this eminent Professor, in manuscript and in a fine pathological cabinet, has been utilized by Prof. Wedl, and has received, in addition, the advantage of his own study and experience.

The book is excellently written and is illustrated by wood-cuts of a superior character. It is valuable for the reason that no satisfactory work exists on the subject; and, with the recent advance made in the science of Dentistry, it will fill a void, seriously felt, by the Dentist and the Dental student. The work will shortly be published in English by a well-known Philadelphia firm.

Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 16, 1871.

“And thus I clothe my naked villany * * *
And seem a saint, when most I play the Devil.”

It is not often that medical men are brought face to face with a class of books, sheltering their anonymous authors under the garb of the profession, whose sole aim and object is to steal into the households of our land, and, under the chastest garb of innocence, pander to the lowest appetites

of human nature ; by a natural and, to the author, desirable sequence, teach the very crimes against which he inveighs ; and treat, with the most unblushing impudence, subjects which tax the powers of the humanitarian for their proper solution.

We are moved to these remarks by the appearance of a book on our table, bound in the neatest style of the art, bearing an attractive title, claiming for its author "A Physician"; quoting from respectable medical men and from clergymen, only to pervert their words ; and, in short, teaching, on every page, under the garb of philanthropy, the vilest sensuality. In thus speaking of this one of many similar works, we cannot fail to mark, with the most serious concern, the ill effect they have on the social and moral condition of our community ; and their tendency to produce fœticide, sexual excesses, illicit relations and marital infidelity. We do not ask why such a book was written ; for its origin is already too patent. We appreciate fully the weakness which simple words can have in repressing the evil ; but, as journalists and with such works as these thrust on our notice, we do most heartily *denounce* their circulation ; we enter our solemn protest against their publication ; and we are sure that the public safety *demands* such supervision of these works as will aid in sustaining the moral tone of the community.

We had jotted down these thoughts on this curse to society and had laid them aside in our portfolio, thinking that the very mention of the book gave it too much publicity ; we refrained from giving its title even, that we might not have the appearance of giving it a puff ; but the occurrence of similar denunciatory notices in two of our most highly respected exchanges induces us to change our course and add their views of the work to our own.

The *Baltimore Medical Journal* for January, says :—

"We are glad to see that the author, who it appears is a professor, and a laborious practitioner, has had the grace to offer some thirty-five pages of 'apologia' for its publication, and yet we find it somewhat difficult to accept an apology that precedes the deliberate execution of an offence, and such

an offence—little less than thrusting into the face of uncontaminated purity a rare bouquet of bestial lust and gross indulgence, with a nauseating statement of consequences thrown over it all like a decrepit moral dragged in at the fag end of a 'tale of lust and hate and crime.' " * * *

"In short, the book is disgusting, and should pass the threshold of no home where young people may put hands on it. The remedy for this evil lies not in special instruction concerning the moral and physical enormity of the vices, but in the inculcation of a more elevated general moral sense. No child or parent who practises these evils is unaware of their hideousness, else why do they so carefully screen themselves from all observation, and so steadily deny all such practices even to their physicians ? All intuitively feel them to be disgusting, and the revelation of the physical ills resulting therefrom will no more deter them from indulging themselves than the dread of the stomach-ache will deter a child, who has never had the colic, from eating fruit-cake. We, therefore, most cordially unite with the author when, in the chapter on 'female masturbation,' he 'beseeches in advance, that every young creature into whose hands this book may fall, if she be yet pure and innocent, will at least pass over this chapter, that she may still believe in the general chastity of her sex.' We would even venture a little further, and 'beseech' her to 'pass over' this book to the nearest fire, that it may be consumed utterly."

A correspondent of the *Chicago Medical Journal* handles the book in this wise :—

"It is with some pain, and loathing too, that we finish a hasty perusal of this work, handed us a few days ago by a friend. Pain, because we have much faith in the inborn purity and goodness of human nature ; loathing, that a man should exist, and he a physician, to produce such a mixture of falsehood, illogical trash, and bawdy nonsense, and then have the assurance to declare that he hopes and desires it may be read by all classes of the community—male and female, young and old—as an almost specific cure for the evil ways they are pursuing, and for the vices they have acquired. It is

on a par with several books of like character, written in the last few years, under the cover of scientific authority, insidious, untruthful, with clap-trap titles, and made for sale. It is not one whit more decent than the *Police Gazette*, and other low pictorials of the phosphorescent style, and stealing into the family circle under such disguise, does more to corrupt and degrade, and turn the thoughts of the growing generation into impure channels, than all other causes or associations put together. He quotes the misogynists, the misanthropists, the *debauchees*—Balzac, Michelét, Tissot, Legouvé, and others—of the French school, to sustain him in the many peculiar opinions advanced; yet despite such philosophical aids—and many of them not used in their proper connections—we cannot see one position legitimately tenable, not one argument spun to a perfectly logical conclusion, as his premises are false to build on, are opposed to the observation and experience of many learned men, and hence, end in the *reductio ad absurdum*.” * * *

“There pervades, throughout, a vein of Christian sentiment, which is one-half bigotry and one-half cant, throwing a very strong doubt over the author’s sincerity, and leading one irresistibly to the conclusion that money is the sole object, and not the welfare of society.” * *

Our brother Editor, in his remarks, truly stigmatizes the book as “the culminating atrocity of the press.” Having made these remarks *our* copy of the book goes to the flames.

CLIMATE OF THE UNITED STATES.—*Messrs. Editors*,—I offer for publication in your JOURNAL* a translation of an essay on the climate of the United States, read before the Helvetic Society of Natural History, by the well-known naturalist, M. Desor. That the characteristic of our climate is its extreme dryness, is a subject of common observation, and M. Desor’s explanation of the cause must be admitted to be satisfactory. His conclusions, as to the effect of this peculiarity of the climate on the human organization, will be received with reluctance, and some abatement of them will be claimed by many. Indeed, some of his statements will undoubtedly be regarded as

so extreme, as hardly to require serious refutation. Yet it is beyond dispute that there is a marked difference between the American and the European type. It is abundantly shown in this essay, and will be confirmed by all who have had any, even the most limited field of observation, and no other external cause has been adduced to account for it.

In confirmation of the view taken by M. Desor, we need only refer to a few localities where the dryness of the atmosphere is tempered by bodies of water lying in the direction of the prevailing wind. No traveller, for instance, has failed to notice the remarkably healthful aspect of the inhabitants of Buffalo, which lies at the eastern extremity of Lake Erie. The same observation will hold in regard to the inhabitants of Kingston, which occupies a corresponding position on Lake Ontario. The people of Vermont, who have the expanse of Lake Champlain to the west of them, will afford another illustration. Some years since an adjutant general of Massachusetts, who was invited by the constituted authorities of Vermont to aid them in the re-organization of their militia system, expressed his astonishment, on his return, at the superior physical condition of the men he had seen there enrolled. We all remember the vigorous aspect of the Maine regiments, as they passed through on their way to the seat of war. They seemed composed of picked men. Now, so extensive are the lakes and rivers of Maine, that it is computed that *one-sixth* of its surface is water.

If all this is admitted, the question comes home to us with grave significance. But a few years since, two or three hundred acres of water, renewed from the ocean twice in twenty-four hours, lay to the west of Boston, and in immediate proximity to the general breathing-place of its inhabitants. Indeed, there was no portion of the city too remote to be reached by its salutary influence. The Commonwealth, however, claiming a vendible interest in territory below low water mark, has displaced a large portion of this water, and thus has, in fact, been filling its treasury at the cost of the health and comfort of one-seventh of its population. Is it not time to claim, in the interest of the masses of the people, whose condition in life forbids them to seek the healthful summer resorts, a reservation, if not an extension, of the yet unfilled water space, and thus a limited compensation be tendered for the mischief so inconsiderately done? s.

Boston, March 9, 1871.

* See page 173.

Medical Miscellany.

At a meeting of the *Lynn Medical Society* held March 1st, the following resolutions were unanimously adopted:

Whereas, Certain Homœopathic and other irregular practitioners of medicine have condemned the action of Dr. H. Van Aernam, Commissioner of Pensions, in removing certain Medical Examiners from office, on the ground of their not being regular physicians:

Resolved, That we commend Dr. Van Aernam's action in this respect, as the only means by which the interests of the soldiers of our late war can be protected from the ignorance and incompetence that prevail so extensively in all the sectarian schools of medicine.

Resolved, That the Regular Medical Profession owe Dr. Van Aernam their support in the sound position he has taken, and their sympathy under the abuse and misrepresentation to which he is subjected.

Resolved, That we earnestly request the Secretary of the Interior to sustain Dr. Van Aernam in his course in this matter.

Resolved, That the Secretary be directed to forward copies of these resolutions to the Secretary of the Interior and the Commissioner of Pensions.

THE EFFECTS OF ARSENIC IN PHTHISIS.—The effects of arsenic in the treatment of phthisis have already been investigated by Dr. Cersoy, of Langres, and Dr. Isnard has lately contributed some of his experience on this subject in memoirs published in recent years. Dr. Isnard now gives a summary of his views in reference to the local and general action of the drug. He states, in the first place, that when arsenic is employed in phthisis, the febrile disturbance, when it exists, is weakened and suspended, while the nocturnal sweats, the general excitement and the sleeplessness are also diminished. As the fever abates, the digestive function is improved, and the diarrhoea or constipation or vomiting disappears; in short, a general improvement becomes perceptible. As the constitution improves, the local lesions and the lung itself undergo a beneficial change, and the cavities in the lung are cicatrized. This result is proved, according to Dr. Isnard, by the relief of the cough, the diminution of the secretion of the bronchial tubes and of the pyogenic membrane of the cavities, by the substitution of mucous for purulent sputa, and of dry for humid rhonchi. The general conclusion drawn by Dr. Isnard as to the action of arsenic in phthisis, is, that by its local and general action, at once curative and preventive, it influences at once the capillary system and the different tissues, affecting both the lungs and the whole economy. It does not attack the tubercle directly and specifically, like a parasiticide, but directs its action to the elements and tissues which remain actually or relatively healthy.—*Half-Yearly Abstract of Medical Science.*

HOUSTON, TEXAS, AS A RESIDENCE FOR CONSUMPTIVES.—Dr. James Cowling, of Houston, Texas (*New Orleans Med. Journal*), recommends this town as an excellent residence for those suffering from pulmonary complaints, from these

facts: 1st. The temperature of the place is very mild; for the winter months of December, January, and February, the temperature is about 46° Fah. This includes the 24 hours round, giving to many days sufficient heat to be without fire. 2d. The breezes prevail from the south, coming from the Gulf, then blowing across the prairie, tempering them and making them very agreeable, pleasant and healthy. 3d. Every facility exists for out-door exercise, either about town, or in the sheltered woods around, or open prairie, and by railway and steamboat. 4th. There are well-supplied markets, good hotels, and very agreeable society, with its advantages, although not so prominent as some already mentioned, nevertheless possessing in conjunction a beneficial influence on the patient.

Dr. Cowling, in conclusion, affirms that patients following out the above suggestions, aided by proper medical advice, may rely, in most cases, upon a great if not permanent relief.—*N. Y. Med. Record.*

Dr. DIXIE CROSBY has resigned his professorship in Dartmouth College, and will devote himself hereafter exclusively to medical practice in Hanover.

PAMPHLETS RECEIVED.—On Dactylitis Syphilitica, with Observations on Syphilitic Lesions of the Joints. By R. W. Taylor, M.D., Surg. N. Y. Dispensary. Pp. 30.

MARRIED.—In Springfield, Mass., March 2d, Dr. Geo. E. Stackpole, of Boston, to Miss H. M. Pease, of S.

Deaths in seventeen Cities and Towns of Massachusetts for the week ending March 11, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	85	Consumption 46
Charlestown	22	Pneumonia 19
Worcester	26	Typhoid fever 8
Lowell	14	Erysipelas 6
Milford	3	Croup 5
Chelsea	3	Scarlet fever 5
Cambridge	10	
Salem	15	
Lawrence	9	
Springfield	4	
Lynn	9	
Gloucester	6	
Fitchburg	2	
Newburyport	8	
Somerville	4	
Fall River	11	
Haverhill	2	

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GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, March 11th, 85. Males, 47; females, 38. Accident, 1—apoplexy, 3—inflammation of bowels, 1—bronchitis, 3— inflammation of the brain, 2—congestion of the brain, 1—disease of the brain, 1—consumption, 17—convulsions, 2—croup, 3—cyanosis, 2—diphtheria, 1—dropsy of the brain, 4—dysentery, 2—erysipelas, 1—scarlet fever, 1—typhoid fever, 1—disease of the heart, 5—hemorrhage, 1—infantile, 2—intemperance, 2—disease the kidneys, 6—laryngitis, 1—inflammation of the lungs, 7—marasmus, 1—old age, 1—paralysis, 2—premature birth, 1—peritonitis, 3—puerperal disease, 1—purpura, 1—suicide, 1—disease of the spine, 1—tumor, 1—ulceration of the intestines, 1—unknown, 1.

Under 5 years of age, 24—between 5 and 20 years, 10—between 20 and 40 years, 17—between 40 and 60 years, 17—above 60 years, 17. Born in the United States, 55—Ireland, 21—other places, 9.

GRIMAULT & CO.'S PHARMACEUTICAL PRODUCTS,

Prepared with the most scrupulous care, under the immediate supervision of Prof Leconte, M. D. Pharmacist of the First Class, Ex-Preparator of the course of Physiology, at the College of France.

E. FOUGERA, New York, General Agent for the U. S.

GRIMAULT'S MEDICINAL PEPSINE. IN POWDER.

The therapeutical value of this Pepsine in all disorders of the stomach, resulting from the inability of this organ to digest and assimilate food cannot be over estimated. It is used daily with great success in *Dyspepsia, Slow and Difficult Digestion, Gastralgia, Debility of the Stomach*, from old age or from abuse of liquors, and in *Vomiting during Pregnancy*.

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A pleasant combination of Pyrophosphate of Iron and Soda, colorless and tasteless. It is readily assimilated and used with great success in *Chlorosis, Anæmia, Dysmenorrhœa, etc.*, replacing all other ferruginous preparations. It never causes constipation.

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Prescribed by the most distinguished physicians for *affections of the lungs, Phthisis, etc.* Each tablespoonful contains two grains of the pure hypophosphite.

Also Syrup of Hypophosphite of Soda, of Iron, and of Manganese.

IODISED SYRUP OF HORSE RADISH.

A pleasant substitute for Cod Liver Oil, prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodine, so intimately combined as to be insensible to the action of starch.

GRIMAULT'S INDIAN CIGARETTES. Prepared from the Resin of Cannabis Indica.

Asthma, Bronchitis, Loss of Voice, and other affections of the respiratory organs, are promptly cured or relieved by the use of these cigarettes.

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Prepared from the *Paulinia Sorbilis* of Brazil. It is a sovereign remedy in *Headache, Neuralgia, and Diarrhœa*.

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A new preparation of the leaves of Matico, of more certain effect than most of the medicines recommended for the same class of diseases. The capsules contain the essential oil of Matico, combined with the balsam of Copaiba, and do not cause any unpleasant eructations. The injection is prepared with distilled water saturated with Matico.

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Digestive Lozenges and Powders of the Alkaline Lactates. (SODA AND MAGNESIA.)

Of BURIN Du BUISSON.

The researches of Dr. PETREQUIN, Prof. at the School of Medicine of Lyons, aided by Mr. BURIN Du BUISSON, the eminent chemist, have established beyond a doubt the *special Adaptation of the Alkaline Lactates* to the treatment of functional diseases of the digestive organs. These preparations will be found very beneficial in *imperfect and laborious digestion, heartburn, gastralgia, loss of appetite, nausea, distention of bowels and stomach*. They are more certain and less irritating than Calcined Magnesia, or preparations having Charcoal, Bismuth, or bicarb. of Soda for their basis.

DIGESTIVE LOZENGES AND POWDERS OF THE ALKALINE LACTATES WITH PEPSINE.

These are prescribed in certain cases when the digestive powers are deranged, weakened, or null.

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The superiority of combinations of the *Salts of Iron and Manganese* over those of Iron have been fully established by the experiments of Dr. Petrequin. The following *Ferromanganic Preparations*, approved by the Imperial Academy of Medicine of Paris, have been originated by Mr. Burin Du Buisson in accordance with these experiments, and are confidently recommended to the medical profession as replacing advantageously all medicines having iron as their base, especially in *chloranæmia, chlorosis, and all affections caused by the poverty of the blood*:

Ferromanganic Powder, for effervescing water.
Carbonate of Iron and Manganese Pills.
Syrup of the lactate of iron and manganese.
Dragees of the lactate of iron and manganese.

Syrup of the Proto-Iodide of Iron and Manganese.
Pills & Dragees of the Proto-Iodide of Iron & Manganese.
Manganic Iron reduced by hydrogen.

By the Atomiser any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air cells, thus opening a new era in the treatment of all diseases of the Throat and Lungs.

The Complete Steam Atomizer for Inhalation, &c.

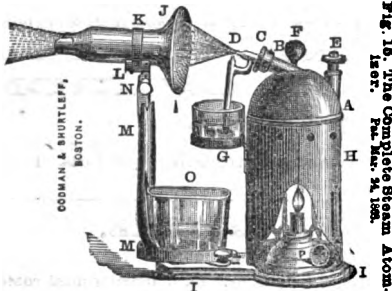


Fig. 16. The Complete Steam Atomizer. Pat. Mar. 24, 1893.

The waste-cup, medicament-cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.

It cannot be injured by exhaustion of water, or any attainable pressure of steam.

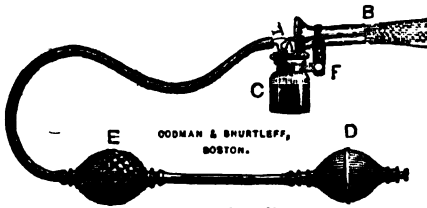
It does not throw spirits of hot water, to frighten or scald the patient.

Is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will tender the best of service for many years, and is cheap in the best sense of the word.

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Fig. 5. Shurtleff's Atomising Apparatus.



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and for making direct local applications of atomized liquids
for a great variety of purposes. [See our Pamphlet.]**

The most desirable Hand Apparatus.

Rubber warranted of very best quality. Valves of hard rubber, every one carefully fitted to its seat, and work perfectly in all positions.

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THE BOSTON ATOMIZER, with two glass atomizing tubes,	\$3.00
THE TREMONT ATOMIZER, with two glass atomizing tubes,	2.50

THE TREMONT ATOMIZER, with two glass atomizing tubes,	2.50
NICKEL PLATED TUBES, for Local Anesthesia and for Inha-	
lation, each	2.00

RHIGOLENE , for Local Anesthesia, best quality, packed,	1.00
NASAL DOUCHE , for Treating Diseases of the Nasal Cavity,	

eight different varieties, each with two Nozales, packed,
\$1.20, 1.50, 1.75, 2.00, 2.50 and 3.50

N. B. To save collection expenses, funds should be sent with the order, either in form of draft, post-office order, or registered letter.

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containing two articles, by distinguished foreign authority, on "*Inhalation of Atomized Liquids*," with formulae of those successfully employed. Also an article by Dr. J. L. W. THURDISSE, M.R.C.P., on "A New Mode of treating Diseases of the Nasal Cavity," with his formulae. Also an illustrated description of the *best apparatus* for the above purposes, and for producing LOCAL ANESTHESIA by Atomization with Ether, by the method of Dr. RICHARDSON, of London; or with Rhigolene, as described by Dr. HENRY J. BIGSLOW, in the Boston Medical and Surgical Journal of April 19, 1866.

All our Atomizing Apparatus is made with the utmost care, with a view to its complete efficiency, convenience and durability, and every one is warranted. A Gold Medal has lately been awarded us by the Middlesex Mechanics' Association for Atomizing and Surgical instruments, as will be seen from the following report, signed by a leading New-England Surgeon and Physician :

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French Rubber Urinals, with valves, male, for night or day,	6.00
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Apparatus for Paracentesis Thoracis, approved by Dr. Bowditch and accompanied with directions kindly furnished by him.

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Made in accordance with the U. S. Pharmacopoeia and of full official strength. The attention of Physicians is called to these preparations; they will be found to represent fully the drugs from which they are prepared, and to be entirely different from the commercial articles.

Elixir Calisaya Bark, Ferrated Elixir Bark, Elixir Bark, Iron and Bismuth, Elixir Valerianate Ammonia, Elixir Valerianate Ammonia and Quinine.

Bitter Wine Iron, Syrup Codeine, Syrup of the Hypophosphites, Compound Syrup of Phosphates (Chemical Food), Syrup of the Phosphates of Iron, Quinia and Strychnia, Fluid Extract of Sumbul or Musk Root.

Decolorized Tincture Opium, Solution Bismuth, Styptic Colloid, Benzoinated Zinc Ointment, Savin Cerate, U.S.P., Stramonium Ointment, U.S.P., Rhigolene, Medicated Suppositories for Rectum and Vagina, together with a full stock of all the usual pharmaceutical preparations.

Among our Importations of Rare Chemicals and New Remedies, will be found

Ozonic Ether, or Etherial Solution of Peroxide of Hydrogen, Chlorodyne, Narceine, Bimeconate Morphia, Tinct. Meconiate Morphia, Apiole, Chlorate Quinia, Sulphate Nickel, Solution Glonoine, Extract Cotyledon Umbilicus, Salts of Lithia, Oil Male Fern, Kamala (Rottlera), Kousoo, Extract Calabar Bean, Calabar Bean Gelatine, Atropine Gelatine, Iodoform, Protein, Pancreatine, Pancreatic Emulsion, Pepsina Porci, Pepsine, Pepsine Lozenges, Wine and Elixir, Papaverine, Saccharated Wheat Phosphates, Savory & Moore's Liebig's Food for Infants and Invalids, Granular Effervescent Preparations, Citrate Magnesia, &c., Albespeyres' Blister, Tela Vesicatoria, Liebig's Extract Meat, in 2, 4, 8 and 16 oz. pots.

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BULLOCK & CRENSHAW'S SUGAR-COATED PILLS and GRANULES.

Kent's Metallic Nipple Shield and Caoutchouc Teat.

Constantly on hand a variety of the

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Comprising his entire list.

MEDICINAL POWDERS, OILS AND EXTRACTS,

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FRESH IMPORTED LEECHES,

At retail or in quantity.

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BURNETT'S PURE COD-LIVER OIL,

Carefully prepared only from fresh and healthy Livers.

DR. J. C. B. WILLIAMS, Consulting Physician to the Brompton Hospital for Consumption, after an experience of over forty years in the treatment of Consumption, during which time he treated more than twenty thousand cases, says, in the *London Lancet* for 1868:

"The great remedy, more essential and more effectual than any other, is Cod-Liver Oil—the pure, pale oil, simply extracted from the fresh, healthy liver of the fish; and I have no hesitation in stating my conviction that this agent has done more for the consumptive than all other means put together, and so far is this remedy from having 'had its day and gone out of fashion,' that, in my experience its usefulness and efficacy have gone on increasing in proportion to the greater facilities for obtaining it in a pure state.

"Here is the remedy—the only one worthy of the name—which, if carefully and faithfully used, may arrest and cure the disease, and is pretty sure to retard it and prolong life more than any other known means.

"The average duration of life in phthisis has, during my experience of forty years, been quadrupled or raised from two to eight years.

"Cod-Liver Oil surpasses all other oils and fats, in the facility with which it forms emulsions, which are tolerated by the stomach and readily absorbed into the blood, without causing the nausea and bilious derangement that commonly result from an excess of fat food.

"The use of Cod-Liver Oil should be continued for a long time—perhaps for months, or even years."

In conclusion, he says that, "Under careful treatment life may be prolonged for many years in comfort and usefulness, and in not very few cases the disease is so permanently arrested that it may be called cured!"

Morson's English Chloral Hydrat—Also Schering's German do.

In 1, 4 and 8 oz. bottles.

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BUENOS AYRES,

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This Extract is a *pure Extract of Beef*, unsurpassed in quality, free from fat and gelatine, each pound of which contains the soluble nutritive constituents of 84 to 96 pounds of the finest beef, exclusive of bones and fat, corresponding to about 45 pounds of good butchers' meat. As a medicinal agent it will be found of great value to the Sick, Invalid, and persons and children of Weak Constitutions, but its most extensive use is for domestic purposes.

It will keep unaltered for years in any climate, and will recommend itself at once for its purity, its permanency and cheapness.

Physicians, by ordering Liebig's Extract of Meat of La Plata, may rest assured of having the purest Extract of Meat that can be prepared.

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OF UNCHANGEABLE IODIDE OF IRON.

BLANCARD'S Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well-deserved favor among Physicians and Pharmacutists. Each pill, containing one grain of Proto-Iodide of Iron, is covered with finely pulverized Iron, and coated with balsam of Tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, a green label bearing the following inscription:

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And Wine, Elixir, Syrup, Pills and Lozenges of Pepsine.

BOUDAUULT'S Pepsine is the most reliable, the only one used in the Hospitals of Paris, and recommended by Professors Wood and Bache (see American Dispensary, 11th edition, pages 1479-1480). BOUDAUULT'S Pepsine is sold in powder (in 1, 8, and 16 ounce bottle). The dose is 15 grains 2 or 3 times a day, at meal time.

It is used with great success for *Dyspepsia, Gastralgia, Slow and Difficult Digestion*, following fevers, and also for *Consumption* and other *Chronic Diseases*. *Debility of the Stomach* from old age or abuse of liquors is relieved by it, and it is invaluable as a corrective of *Vomiting during Pregnancy*.

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A substitute for sea and mineral baths. *Tonic, Stimulating and Resolvent*. Used by over one hundred physicians in the hospitals of Paris, in Skin Diseases, Nervous Affections, Anæmia, Chlorosis, Gout, Rheumatism, Sciatica; also, Colics, Cholera Morbus and Gastric Affections.

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Copaiba pure-Cop. and Cubebs-Copaiba and Iron-Copaiba and Matiao.

Their prompt solubility in the stomach insures their superiority over other Capsules of the sort. They cause no unpleasant eructations. Dose—Four to six capsules three times a day.

This injection, approved by several Academies of Medicine, is so well known for its sure and prompt action, that it is

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The most simple and practical of any ever invented; made of India Rubber without lead, unobtrusive, of easy application, and unobtrusively keeps the womb in its natural position. The first-class physicians in Providence, and eminent practitioners in almost every State, highly commend it. A pamphlet describing it, and testimonials of distinguished Physicians, sent on receipt of stamp for postage.

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81—tf

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Fresh Crusts, \$3 each; 10 Quill-Points, \$1.50

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The contrivances hitherto devised for the purpose have generally fallen into disuse on account of radical defects in construction, and the substitute now offered has been withheld until it could be thoroughly tested in a class of cases which have resisted medical treatment. How it obviates the most objectionable feature of the ordinary appliances, and in what respects is superior to them, is at once apparent. Manufactured and for sale by ROBERT B. KENT,
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" Iodide Starch.
" Cit. Iron and Strychnia.
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And many other Pharmaceutical Preparations.

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They are perfectly adapted to all forms of amputation.

Every limb is made first class, of the best material, and fully warranted.

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Dr. Edward Jarvis, Dorchester, Mass.
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88—1y.

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The subscriber will not in future, in any case, furnish either Cowpox or Humanised Vaccine Lymph to any agent or dealer. It is most important that physicians should know the precise source of their vaccine supply, and who is solely responsible for its excellence; this can only be attained by direct communication with the person who devotes himself to this troublesome and laborious specialty.

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A carefully prepared unfermentable Extract of Pure Malt, particularly recommended as a highly nutritious and strengthening Tonic or Food for Invalids and children.

It is also excellent in *Chronic Dyspepsia*, *Constipation*, and affections of the stomach and intestines, and can be retained in the stomach when farinaceous or other food cannot be borne.

Wholesale and retail agents,

JOSEPH T. BROWN & CO.,
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07—4t

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F4—4t.

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No. 28 HARRISON AVENUE.
Special attention given to the Treatment of Diseases of the Spine
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Office hours from 10½ A.M. to 2½ P.M.

020—4t.

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Hours, 9 A.M. to 12 M.

May 30, 1898.

Je. 11—4t.

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Apply to the Secretary,

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Whole No. 2231. }
Vol. LXXXIV. }

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HARVARD UNIVERSITY. Medical Department, Boston, Mass.

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Mch. 16—17.

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Original Communications.

CONTRIBUTIONS TO OPERATIVE SURGERY.

By JOHN P. METTAUER, M.D., LL.D., Prince Edward C. H., Virginia.

CASE I.*—*Ulcerated Steatomatous Tumors.*

—This case occurred with a stout, robust, laboring man, about 30 years old, and the anterior middle portion of the thigh was the seat of the disease. When the patient came into the hands of the writer, the entire anterior portion of the tumor had ulcerated so as to expose its cavity, presenting an extensive, deep, concave ulcer, of a rough, ragged surface. The tumor, before it ulcerated, was about ten inches in length, extending itself in the direction of the continuity of the thigh, and fully five inches wide. Excessive discharges of sanious pus escaped from this extensive ulcer, and was of most fetid character, from the beginning of the ulcerating process.

In a remarkable degree the general health had deteriorated, the patient having become pale, feeble, emaciated; with loss of appetite, impaired digestion, constipation, and often diarrhoea, as well as hectiform fever, especially in the evening.

The condition of the ulcer, when first seen by the writer, led him to suppose that improper treatment might have imparted to it the existing unfavorable appearances; but a careful examination into its history induced him to abandon that opinion, as it disclosed the fact that the case was an ulcerated steatomatous tumor, the anterior wall having partially sloughed away so as to open the cyst. The long continuance of this terrific ulcer, its tendency to extend

and to destroy the surrounding structures, together with the failing health of the patient, determined the writer to extirpate the entire diseased mass; and it was executed in the following manner:—

The patient was placed upon a high, narrow table, with the affected limb fully extended. The entire cyst was now carefully removed by pretty rapid dissection, with the extensive superimposed ulcer. An extensive wound was opened, from the surface of which much blood flowed, but only yielded by comparatively small vessels. The tumor was confined to the cellular structure beneath the skin, but it had compressed the muscles on the anterior portion of the thigh so as to render them very thin. It was not necessary to ligate a single artery, as the ice water employed to wash out the wound completely restrained the bleeding. In closing this extensive wound, the flaps were found too narrow, even by forced stretching of them; and, as it was deemed important to the cure that the wound should be covered by healthy integument, if practicable, the writer determined to form a sliding flap on the external border of the wound by making a longitudinal incision parallel with, and rather longer than its border, quite down to the muscles; and by an undermining section of the subcutaneous structures, to separate the flap thus insulated from the supporting muscles. Thus formed, the flap was readily drawn over the surface of the wound, which it covered, and was then carefully adjusted and confined to the opposite border. The chasm between its external margin and the corresponding edge of the sound integuments was closed by pressing the opposing borders together, or, rather, by pressing that of the sound skin in contact with the corresponding edge of the flap, and there confining it with sutures supported by adhesive straps, a compress and bandage. The limb below the seat of the ulcer was bandaged to prevent tumefaction. Water dressing was employed, and the limb kept extended, as well as perfectly at rest. The wound healed rapidly, and in two weeks was perfectly well. Not the slightest unpleasant occur-

* There is an obvious propriety in the publication of cases of disease which have been treated, especially those of anomalous character, or of rare occurrence, whether fortunate or otherwise in their results, as they may serve both as precedents and beacons, particularly with young and inexperienced practitioners; and where such cases are faithfully reported they may also increase in some degree the stock of our practical knowledge.

The following contributions are presented to his professional brethren by the writer in the hope, if they fail to instruct, that they will not mislead his junior and inexperienced fellow-laborers of the profession.

rence took place during the cure. The sutures were removed on the 7th and 9th days after the extirpation. It could be perceived that there was manifest improvement of the general health in a few days after the operation. The man recovered, with the perfect use of the limb, and has enjoyed good health now 15 years since the operation.

CASE II.—The subject of this case was a strong, robust man, aged about 39 years, of intemperate habits both in eating and drinking. As in case first, the history and examination left no doubt with the writer that the disease was ulcerated steatoma, and the ulcer had already existed considerably more than a year. It was seated on the left arm, about midway between the point of the shoulder and the elbow-joint and antero-outer aspect of the limb. The ulcer was fully eight inches in length, and two and a half, or three, in its transverse diameter. It presented very nearly the appearances of the ulcer in case first in all respects, and was attended with like discharges, both in fœtor and copiousness. In this case, too, a hectic fever attended, and with marked impairment of the general health. A great variety of remedies had been employed in its treatment, both topical and constitutional, without the slightest benefit, before the case came into the hands of the writer.

The treatment of this case differed from that adopted in case first, in not requiring a sliding flap to cover the wound left by the extirpated mass. The flaps were rendered wide enough, after the removal of the diseased structures, by merely forming an undermining dissection from the muscles to the extent of an inch or so. By this expedient the writer was enabled to cover the wound without difficulty. The flaps, too, were not much extended, and when approximated were easily held in contact by sutures, adhesive plasters, compresses, and a bandage. As in case first, the limb was bandaged nearly up to the axilla. No ligatures were required, as the divided vessels were small and readily restrained by the free use of ice water in washing out the wound. The water dressing was used. In ten days from the extirpation, the cure was perfect. The general health improved rapidly. There never was any return of the ulcer.

These cases were unquestionably degenerated steatomatous tumors, but the writer is not so well satisfied as to the causation of the ulcerating processes which opened their cavities. These tumors generally heal

readily when opened, and without the least tendency to ulcerate. I think it probable ulceration followed a goading course of treatment in these cases.

CASE III.—*Anomalous Example of Hydrocele.*—The subject of this case was a healthy laboring man, about 28 years of age; the hydrocele had existed over two years. When examined by the writer, it was nearly as large as a foetal head at birth, and occupied the left side of the scrotum.

The operation was determined on and executed with the trocar, and the cavity injected with Port wine, according to Earl's method. The case was lost sight of by the writer after a week, but the condition of the parts during, and at the close of the week—very considerable tumefaction, inflammation, &c., having followed—induced the belief that a radical cure could hardly fail to result. At the expiration of eight months, however, the patient returned, the hydrocele having reappeared, and of a size exceeding that of the previous one. Suspecting that the failure of the operation depended upon some obscure disease of the testis, or of the tunica vaginalis—perhaps of the cord—it was determined to operate now by incision, with the design of exploring the cavity, after evacuating the water, in search of the cause of the unexpected return of the hydrocele. Accordingly the serum was evacuated by an incision, fully two inches in length, on the anterior aspect of the tumor; the index finger being introduced into the cavity during the escape of the fluid, and kept there to prevent derangement of the track of the incision by the contraction of the walls of the hydrocele, and for the purpose of exploring the cavity after becoming empty. The cavity was carefully explored, and the cause of failure was fully declared. In passing the finger over the interior of the tumor, numerous bony formations were discovered about the size of grains of wheat, of an ovoidal shape, very smooth, and attached to the serous surface by short, fibroid peduncles; they seemed to be pretty equally distributed over the cavity, with the exception of the portion bounded by the septum, where none existed. These bodies were carefully excised, one by one, by pinching them up with the index and thumb, and cutting them off with scissors until fifty-three were removed. The cavity was again and again carefully explored with the fingers, and feeling satisfied all had been taken away, the operation was finished by filling the cavity with Port wine and water. A perfect cure followed, and

the patient remains well to the date of this paper, now more than ten years since the operation was performed.*

CASE IV.—*Wound of the Arcus Sublimis of the left Hand.*—The subject of this case was a young female just entering her teens. The accident was caused while cutting an apple held in the palm of the left hand with a small and very sharp knife. Very free bleeding followed the infliction of the wound, and for ten days, as the writer was informed, a compress of a piece of silver coin, confined to the wound with a compress and bandage, constituted the treatment. The fact that the case proved refractory might have been expected from the employment of such inefficient measures. The little patient was brought to a neighboring village, where the writer was requested to see her. There had been no attempt to dilate, or to take up the wounded artery. Inflammation had set in, and to some extent occupied the seat of the wound, so much so as to render even the most delicate manipulation painful. The hæmorrhage still continued to recur whenever the metallic compress was removed, or even loosened. In consultation, the writer advised against attempts to take up the artery, by reason of the inflamed condition of the wound, and for the farther reason, that, should the artery be tied near the wounded portion of it, being softened by inflammation, the ligature, in all probability, would be soon cast off. He proposed, under the circumstances, to make trial of compression, which was adopted, and employed in the following manner: A small, firm dossil of lint just to fill the bottom of the wound was first pressed firmly into it with a probe; then each succeeding one being rendered larger than its predecessor as the wound widened, was applied until the cavity was filled above its level. Over these a thick, firm compress was placed, supported by a tightly-applied bandage. The first dossil of lint commanded the hæmorrhage completely, and it must have been applied immediately to the bleeding mouth, as it was of very small size. The hæmorrhage never returned, and on the eighth day, when the dressing was removed, the wound was found to be completely filled with granulations, and nearly cicatrized. This dressing caused little or no pain, and the little patient was never

confined a moment by it. In twelve days, the wound had completely cicatrized.

The treatment of this case, here detailed, doubtless saved this youthful patient the pain as well as dangers of the ligation of the wounded artery, or of the trunk giving origin to it, perhaps of the main trunk. In many instances the writer has adopted this method in wounded arteries, and pretty uniformly with success. In a case of wound of the artery at the bend of the arm in bleeding, he arrested the hæmorrhage by filling the wound with dossils of lint firmly packed, then applying graduated compresses along and over the arteries of the forearm, as well as the humerus, quite to the axilla, supported by a bandage firmly applied. In this case the hæmorrhage never recurred after the dressing was applied, and the patient recovered perfectly in ten days, without the slightest tendency to aneurism.

ATTEMPTED SUICIDE BY SWALLOWING BROKEN GLASS.

Read before the Boston Society for Medical Observation, by JOHN G. BLAKE, M.D., Boston. Notes by L. S. DIXON, House Officer, City Hospital.

E. K., a young girl, aged 16, and in good health, desiring to end her life, pounded up a small glass bottle into fragments the size of a split pea and under: of these, at about 5, P.M., Nov. 19, she swallowed a full teaspoonful, taken at several times in bread. Very little discomfort followed, until the next morning; she then felt sharp, cutting pains in the epigastrium, coming on in paroxysms, which continued to increase in intensity until, at 4½, P.M., concealment was no longer possible, and a doctor was sent for. The patient was found delirious from the pain, and morph. sulph. was given subcutaneously, to the extent of 1½ to 2 grains; thick gruel was also administered freely. At 9½, P.M., she was brought to the City Hospital, suffering severe and constant cutting pain in epigastric and umbilical regions; great tenderness over the whole abdomen; teeth chattering, skin hot and dry; mouth and lips parched; tongue clean, but very dry; excessive thirst—answered correctly when spoken to. Pulse 112. Temperature 99°.

Morph. sulph. gr. ½ was given subcutaneously. Ol. olivæ ʒij. ordered immediately, ʒi. to be repeated every hour afterwards; thick flax-seed tea to drink freely.

At 11, P.M., patient was in constant motion from the pain, with an occasional con-

* Since the occurrence of this case the writer invariably operates by incision, so as to enable him to explore the cavity of the hydrocele. He has only met with two cases of hydrocele complicated with ossific deposits upon the tunica vaginalis—the first, the one here described; the other in the form of flakes of variable length and width, and exceedingly thin.

vulsive shivering or trembling of the whole body. Morph. sulph. gr. $\frac{1}{4}$ was repeated.

At 12, P.M., the paroxysms of pain were very severe. Patient starting from the bed, and rolling about in agony; then, after becoming quiet, she would change gradually from groaning to loud laughter, until the next paroxysm commenced. $\frac{1}{2}$ gr. of morphia was given, and repeated at 1, A.M.

By 2, A.M., she was quiet, and nearly free from pain. The next day, she talked rationally; pain was still paroxysmal, but easier; seat of pain now below umbilicus; frequent trembling, and twitching of arms and face; abdomen somewhat tympanitic, excessively tender, even to the slightest touch; knees kept drawn up; tongue heavily coated; pulse 108. Turpentine stupe ordered to abdomen, and milk given freely to drink. Two grains of morphia were given during the day, at intervals, so as to keep the patient nearly free from pain. She was very restless, and had had no sleep since entrance. Pulse 120. Temp. 100.

On the 22d, slept from 1 till 5, A.M. Face flushed; tongue dry in centre, thick, white coat on sides; no contraction of pupils; no dejection since the 18th. She slept nearly all day, and had no morphia until 4 $\frac{1}{2}$, P.M., then one-third of a grain repeated at 8 and 10. The pain was not excessive, but patient was very restless; became quiet after one-eighth of a grain of morphia and twenty grains of bromide of potassium; slept nearly all night.

On the morning of the 23d, had a copious dejection, preceded, according to directions, by a large injection of oil, and accompanied by some pain and blood. The dejection contained about a dozen large fragments of glass, and a larger number of smaller ones. Patient moved herself easily, and without pain. Tenderness of abdomen somewhat diminished; slept nearly all day, and had but one-third grain of morphia, and twenty grains of bromide of potassium. On account of nausea, the olive oil was omitted. The patient continued to improve after this, the tongue clearing off, and pain and tenderness gradually disappearing. Two more dejections were examined for broken glass, and from each a moderate quantity was recovered, making in all nearly the amount swallowed. Patient was discharged, free from pain or other trouble, Dec. 1st.

DR. ALFRED WRIGHT says in the London *Lancet* that he has frequently employed with success the oil of peppermint as a local anæsthetic in the treatment of neuralgia, and also of gout.

CYSTS OF LUMBAR LYMPHATIC GLANDS.

Read before the Boston Society of Medical Sciences, March 7th, 1871, by R. H. FITZ, M.D., Boston.

On the 21st of February, the autopsy was made at the Massachusetts General Hospital of a patient in whom the following diseased appearances were observed. Osteosclerosis of cranium, old peritoneal adhesions, enlarged and cheesy follicles of the spleen, hæmorrhagic parenchymatous nephritis, dropsy of Fallopian tubes, recto-vaginal fistula, fibro-myoma of vagina, extensive cicatrix of rectum, probably specific, and a rare form of disease of the lumbar lymphatic glands. Three of these glands, lying near one another in a vertical direction, were enlarged—the one, the superior, to the size of a pigeon's egg, somewhat lobulated; the second to that of a horse-chestnut; the third, the inferior, perhaps doubled in size, presented externally but little appearance of disease. The two largest glands were slightly transparent in parts, apparently containing fluid. On cutting open one of these, a clear, yellow fluid escaped, and the walls of the cyst at once collapsed. The cavity was partially separated by projecting walls, with crescentic edges, into five or six smaller cavities, all of which freely communicated with one another. The lining membrane of the wall was smooth, shining, presenting here and there numerous projections somewhat smaller than mustard-seed. The walls of this cyst varied in thickness from a line or two up to a half inch, the thicker portions containing more or less glandular tissue. This fluid, on microscopic examination, presented, as morphological elements, granular corpuscles. This specimen was preserved in alcohol for further examination.

The two smaller cysts, without being opened, were hardened in chromic acid and alcohol. The larger of the two was found to represent a single cyst, whose walls varied in thickness from one to three lines; whereas the smaller was rather to be regarded as a lymphatic gland containing four cysts, one of which might further be considered, judging from its outline, as having been made up by the fusion of two preëxisting cavities.

These cavities were seated nearer the inferior than the superior portion of the gland, and were imbedded in glandular substance. Owing to the action of the fluids used for hardening, the contents of the cysts had become converted into a mass of the consistency of cheese, which filled perhaps seven-eighths of the cavity, the remaining

space being occupied by the hardening fluid.

Microscopic Appearances.—The lining membrane was composed of small polygonal cells of the character of tessellated epithelium, containing large nuclei, one sometimes two nucleoli, the amount of cell protoplasm being small. The coagulated contents lying near and upon the wall were apparently formed by the confluence of innumerable minute globules, in such a manner that spaces were left here and there bordered by irregularly curved lines, the mass itself being homogeneous, strongly reflecting light. At a greater distance from the wall, however, a mass of indistinct granules was observed. In the midst of the homogeneous mass, and in the immediate vicinity of the wall, the glandular corpuscles were found. The character of the wall varied to a certain extent in the different specimens. The smaller gland might be considered as representing the more recent condition; the unilocular cyst, a more advanced stage.

In these smaller cysts the wall seemed to be composed of little else than epithelium and glandular tissue. The retiform tissue, however, contained meshes which were more elongated and narrower than the normal; and, indeed, one might see what could be regarded as direct transitional stages from the well-marked normal glandular reticulum to the denser, as it were compressed, meshes composing the wall. In the unilocular cyst a dense connective tissue formed the wall, with, at times, spindle-shaped thickenings here and there which contained muscular elements. Just beneath this layer of dense connective tissue, formed of bundles of more or less parallel fibres with relatively few cells, came a layer of retiform connective tissue, not so rich in cells, nor with such large meshes as that described previously, but still differing to a marked degree from the strata on either side, which were composed of dense connective tissue. Beneath the third layer, in which were found the larger bloodvessels and a slight amount of fat tissue, came the healthy glandular structure and finally the capsule of the gland and the peritoneum. The lymph sinuses were nowhere found to be dilated; the glandular follicles were apparently of normal size and appearance. In rare cases there were found in the more recent cysts small pouch-like diverticula running for a short distance into the substance of the gland, but nowhere passing through the "compressed" retiform tissue previously spoken of.

The little bodies which were seen upon the wall of the cyst, were found to lie quite superficially in the connective tissue of the older cysts. They seemed to be seated in that stratum of connective tissue containing numerous cells, that intervening between the two layers of denser connective tissue; at the same time they were often of such a size that the two layers were forced apart and to a certain extent encroached upon by them, the meshes of the intermediate stratum being widened immediately on the periphery of these bodies. Their shape was irregular, their outline generally scalloped. They were apparently made up by the more or less intimate fusion of separate masses. Nodulated, lobulated, with excrescences here and there, they suggested microscopic grains of sago. They strongly reflected light; and, on the addition of H Cl, bubbles were given off, and at the same time their optical properties became more nearly allied to those of the surrounding tissue, the mineral constituents being dissolved. It was then seen that many of the nodules were made up of concentric rings; others appeared as if composed of innumerable minute spheres, presenting a mulberry-like appearance. In no instance were these found to project above the epithelial layer; their appearance resembled in many respects the so-called prostatic concretions.

Another interesting point observed in the examination of this tumor was with reference to the apparent place of origin of the granular corpuscles. The sections, perpendicular, seemed to indicate the superficial layer of connective tissue corpuscles, lying just beneath the epithelium as the place of origin. Long, spindle-shaped bodies, composed of masses of minute fat globules, were seen lying beneath the epithelium; in other parts the change of form had occurred, the spherical corpuscle was present, elevated above the wall, but still enclosed within the layer of epithelium represented by the continuous layer of nuclei reddened by carmine.

At times one found two or three of these corpuscles side by side. And again, in addition, one or two small, round cells, resembling lymph corpuscles, which remained in the same position, notwithstanding the section was removed from the glass, washed, and again examined; these were seen lying in the angle formed by the elevated layer of epithelium and the connective tissue beneath.

In other places the corpuscles were of the same size as those lying in the coagulated contents of the cyst; the epithelium

was no longer continuous over them, but the three or four cells which extended up, ladder-like, on the surface of the corpuscle, indicated what might have been the previous condition though the fact that the epithelium was not continuous over the entire corpuscle by no means indicated that the same was on the point of showing itself in the fluid contents, as this appearance might have been produced in making the section. Nowhere was evidence obtained indicative of a change of the epithelium cell into the granulation corpuscles.

I have made a somewhat careful examination of these tumors, from the fact that I am unable to find on record the microscopic examination of similar growths. The disease, as before said, is one of great rarity. I have been able to find, in Rokitsansky, the record of two cases where a cystoid degeneration of the abdominal lymphatic glands is said to have occurred. In one case, where dilatation of the heart was present, with anasarca, several glands were found in the mesentery enlarged to the size of walnuts; the walls were thick and stiff, the contents a fatty, smeary, whitish-yellow mass. Others were delicate, flaccid, contained in part a clear thin, in part a white thick fluid. In the second case a lobulated sac, of the size of a child's head, was found in the meso-colon, the contents of which was a milk-white or light-red fluid, in which were single gelatinous and shreddy masses, of which some were bluish red, others black and clinging to the wall. The ductus thoracicus in the lower part of the lumbar glands was varicose.

In the first case described by Rokitsansky, the gross appearances resemble, in part, those of the case presented to the Society. The second case, however, has no points in common, and it might be well doubted whether the origin was similar. In his general remarks previous to introducing the two cases, he considers that the accumulation of lymph or chyle in the glands produces a cystoid degeneration, with increase in the volume of the gland.

This theory of the origin of the cysts seems the most probable one. In our own case, there was at some more or less remote period a peritonitis, as a result of which numerous adhesions formed between the intestines and the neighboring parts. As a result of this process in the pelvis, one has a closure of the Fallopian tubes and the conversion of their cavities into those of cysts, with at the same time an enormous increase in volume, for each of these cysts

of the tubes contained more than three ounces of fluid.

In the microscopical sections of the glandular tumors, we have no appearances which could not be explained upon the theory of cysts due to retention of contents, with subsequent dilatation; and at the same time there is no positive evidence which would indicate the existence of a new formation or a cystoma in the exact sense of the word, while the condition of the wall of the recent cysts is almost positive evidence in favor of the origin from dilated lymph vessels.

Reports of Medical Societies.

LYNN MEDICAL SOCIETY. B. B. BREED, M.D.,
SECRETARY. EXTRACTS FROM THE RECORDS.

FEB. 2d.—Dr. Galloupe reported a case of acute rheumatism, followed by complete paralysis of sensation and of the voluntary muscles below the head. The involuntary muscles were unaffected, and the patient had a good appetite.

Dr. Perley reported a case of post-partum hæmorrhage in a primipara. Delivery good—placenta came readily. He observed the pulse to falter, and, introducing his hand, found the uterus uncontracted, and itself and the vagina full of blood. Carrying his other hand to the fundus and making pressure, contraction was readily induced.

Dr. Galloupe reported five cases of malignant typhoid fever in one family—one death. He attributed the severity of the disease to lack of ventilation and cleanliness.

March 2d.—Dr. Nye reported at length the case of a patient who died of purpura at the age of 68.

Dr. Galloupe stated that he had seen several cases of illness with dark spots on the skin, due, in his opinion, to the use of tainted meat.

Dr. E. Newhall gave the details of a case, in which the symptoms, though obscure, seemed to indicate phlebitis, site unknown, followed by pyæmia. The use of bisulphite of soda in full doses had seemed to control the disease. The case was subsequently fatal. The same remedy had been used, with marked effect, in the case of another patient, who, early last September, was taken with symptoms of typhoid in a mild

form. At the end of a week, pus collected in the right elbow, and was evacuated by a puncture. During the third week, pain and tenderness were marked over the region of the bladder, and were apparently relieved by a spontaneous opening into the bladder, as pus appeared in notable quantity in the urine. This continued till, during the eighth week, a collection of pus was found in the left lumbar region, when the pus in the urine ceased. One pint of matter was discharged from the loin, and the cavity closed in two weeks. He then improved rapidly, gaining thirty pounds, and was able to walk three miles at once. Four weeks since, however, a hard mass, the size of an egg, presented itself in the right groin, in which, at the present time, slight fluctuation can be detected. The bisulphite of soda was used in doses of grs. *xx. ter die*. The case was subsequently fatal.

April 6th.—Dr. Breed reported a case of fracture of the lower jaw, at the angle, by a blow from the fist. He also cited the complete crushing of the bones of the foot, without injury to the skin, in a recent fatal accident, as an instance of the possible severity of injuries without external marks.

Dr. Nye stated that he had used ipecac in cases of diarrhoea, in doses of two grains in syrup, with the happiest results.

Dr. Galloupe reported a case of syphilis in a midwife, contracted from a woman with secondary disease, whom she had attended in a miscarriage at five months, with twins. One week after delivery of the woman, a pimple appeared on the finger, followed by sloughing and loss of two phalanges. The finger was amputated, with head of metacarpal bone, eight weeks after the exposure. In ten weeks, a specific eruption appeared, which was readily cured by the use of iodide of potassium in thirty grain doses. She has now sore throat. The woman from whom the disease was contracted had had frequent miscarriages, and her husband was known to have had syphilis.

Dr. Galloupe reported that he had used hydrate of chloral in a case of pneumonia, with excitement; fifteen grains inducing quiet in five minutes and sound sleep for six hours. In fifteen minutes after taking the dose, the sleep was like that from chloroform; the patient could not be aroused. In a case where domestic and financial troubles had so disturbed the system that the man did not average a half hour's sleep each night, the same happy result followed the use of fifteen grains. In a case of wound of the hand, with great excitement and pain, forty grains gave no relief. Dr. G. had

used it two or three hundred times, and found it invaluable to relieve sleeplessness.

Dr. Galloupe stated that he had recently examined a man who, when a child, had a pen driven through the hard palate. The opening has enlarged until it is now one inch long and one-fourth inch wide.

Dr. Perley reported the case of Mr. P., *æt.* 70. Three months since, a swelling appeared in the right side, over the lower margin of the ribs. It constantly increased in size, with much pain. Two months since, it was opened, discharging pus freely. The next day the discharge was bright yellow, and since that time black specks have been constantly present, which, when rubbed up with water, tinge it a bright yellow. The discharge is gradually diminishing, and patient is able to walk out of doors.*

Dr. Emerson reported a case of puerperal convulsions, occurring in a first labor. The woman was fleshy, weighing over 200 pounds. The head was found resting on the perineum, and was born during the third convulsion. The placenta was removed by the hand from the fundus. The attacks continued through the night, in spite of the continued use of ether, and bromide of potassium ten grains every hour. The next morning morphine, one-half grain, hypodermically, finally stopped the attacks.

May 4th.—Dr. Newhall reported a case of scarlet fever, in which the infection was traced directly to clothing brought by a servant from a family in which the disease prevailed.

Dr. Breed reported a similar case, in which the contagious matter was brought in a pedlar's pack.

July 6th.—Dr. Nye presented a gentleman from Maine, 70 years of age, who has had for nearly a year a tumor growing from the base of the tongue, on the left side, projecting into and half-filling the pharyngeal space. The base was broad, slightly furrowed on the inner aspect. The voice was hoarse, but deglutition was only slightly interfered with. The submaxillary glands were not affected. The man was feeble and anæmic. No operative procedure was advised. The case was fatal about six months later.

* March 1, 1871.—The fistula is still open and continues to discharge bile. Gall-stones were discharged till within the last three months. The man is able to be about his business.

Are there other cases of the kind on record? The only similar one of the kind that Dr. Perley has been able to find is in the *Medico-Chirurgical Review* for July 1st, 1833, quoted from the *Archives Générales* for March of the same year. In that case gall-stones were discharged, but nothing is said about bile. The patient was improving when the record was made.

Dr. Galloupe reported a case of injury, involving the loss of thumb and forefinger and a simple scratch of the middle finger, which was followed by gangrene, with severe pain and tetanic symptoms. This result was probably due to abstraction of the arterial supply by the original injury.

The same gentleman reported a fatal case of malignant erysipelas, following auto-vaccination.

Dr. Nye presented an infant, of seventeen months, with a singular deformity of the left leg. The tibia was absent from its place, but projected upward and inward from the inner aspect of the lower extremity of the femur. The extremity of the latter bone was pointed and rounded, and articulated very loosely with the head of the fibula. The patella was absent, a deep, hollowed cicatrix marking its place. The foot was turned inward. The leg was movable in all directions, to a limited extent, by the voluntary power of the child, but was habitually held parallel to the projecting tibia.

Dr. Breed exhibited a uterine mucous polypus, removed by *écrasement* without loss of blood; and referred to the use of the glycerin tampon, in this and similar cases, as preserving perfectly the cleanliness of the parts and promoting the separation of the stump of the pedicle.

The same gentleman also reported a case of rupture of the urethra by a fall astride a plank, in which extravasation of urine and the formation of a tumor behind the scrotum rapidly ensued. The patient refused operative interference for four days, when, the pain becoming intense, he consented. Several ounces of decomposed urine and clots were removed by an opening in the median line. Sinuses were found extending in every direction. The catheter, which was passed with difficulty, owing to strictures due to specific disease, was retained. The case recovered perfectly.

Dr. Galloupe reported a case of fracture of both tables of the skull, by a blow over the left orbit. There was free discharge of brain substance. The man walked alone, a quarter of a mile, to his home, and washed out the wound himself. The flap of skin was laid over the wound and retained by a single strap. Union by first intention followed, and there has been no disturbance of the brain or other unfavorable symptom.

Dr. Galloupe also reported a case of injury to the knee. A boy, two months since, stuck the point of a knife into the front of the knee, immediately above the patella. One week after, a projection, one and a half inches long, suddenly appeared at the

place of injury. This burst, discharging six ounces of synovia, of which a large amount was also discharged the next day. The limb was placed on a splint, and the wound covered air tight by carbolic oil and putty. Fomentations increased the pain, which amounted to agony uncontrollable by morphine, but it was instantly relieved by the use of ice. The boy has now, for some weeks, moved about on crutches. The knee is stiff, but the ankylosis is probably false and removable by motion. (The ankylosis, in this case, proved bony.)

Sept. 6th.—Cholera infantum was discussed. It was agreed that few died from the immediate effects of the disease. Its tendency has been to terminate in diarrhoea, which persisted in spite of all treatment.

Dr. Nye had found good results from the use of subcarbonate of bismuth, in doses of two to five grains.

Dr. Galloupe had employed the following combination, as diet, with good success :

Cream, one tablespoonful,

Water, four "

Lime water, one "

Oct. 5th.—Dr. Nye made a report of an autopsy on the body of a child two years old. The abdominal cavity was occupied by a large, fibro-cystic tumor, apparently originating in a mesenteric gland. Weight, with several small tumors connected, about twelve pounds. Nearly globular in shape. One cyst contained about a quart of dark red serum. Disease had existed a year and a half.

Dr. Perley spoke of the use of corrosive sublimate, in marasmus, in doses of one thirtieth grain.

The Society then listened to an interesting paper, written in accordance with a request of the Society at a previous meeting, by the president, Dr. Perley, giving an account of his recent European trip. A vote of thanks was tendered to Dr. Perley for his paper.

Dr. Newhall introduced the subject of typhoid fever, and remarked upon the unusual character of the disease, as seen in his practice, this season. A patient would seem to be going on well, even to be having a light run of the disease, when suddenly depressing symptoms would set in, and the case would terminate fatally in, perhaps, twenty-four or forty-eight hours.

Dr. Pinkham spoke of the unusual prevalence of catarrh in cases of fever this season, it having been present in every case he had seen. Other members present had observed the same.

Bibliographical Notices.

Modern Therapeutics; a Compendium of recent Formulæ and specific therapeutical Directions. By GEO. H. NAPHEYS, A.M., M.D. Second Edition. Philadelphia: 1871.

THE favor with which this work has been received in the profession is attested by the publication of a second edition within a year of the first appearance of the book. The author's design was to collect from recent medical periodicals, monographs and systematic treatises, the utterances of experienced practitioners in relation to therapeutics. With obvious judgment in making his selections from the almost infinite material at his command, he has presented a systematic compilation of formulæ, so that the reader has at a glance the therapeutical measures adopted for the various diseases by the best modern authorities. It is a handy book for ready reference, an index to more deliberate and more extended studies. This character in great measure rescues the work from the reproach which deservedly belongs to a class of medical text-books which, under the name of compendiums, lead to mechanical, unscientific and superficial methods of thought and study; for the reader finds here in the formulæ, and in the concise notes which accompany them, opportunity not only to consult, with alacrity, the best practitioners, but to compare their therapeutics in any given case.

We are glad to see that Dr. Napheys proposes to keep the work well up with the most recent scientific advances by repeated revision. In subsequent editions, a few obvious typographical errors will doubtless disappear.

Galvano-Therapeutics. The Physiological and Therapeutical Action of the Galvanic Current upon the Acoustic, Optic, Sympathetic and Pneumogastric Nerves. By WILLIAM B. NEFTL, M.D. New York: D. Appleton & Co. 1871.

THIS little volume, of less than two hundred pages, contains far more than its unpretentious size would indicate. The author's original researches into the relation of galvanism to physiology and therapeutics, together with his acquaintance with the results of the latest European investigations in the same department, enable him

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to write as one having authority. Nearly half the treatise is devoted to the action of galvanic currents on the auditory nerve in health and disease, or galvano-otiatrics; and the closing pages are given to the study of the sympathetic and the pneumogastric nerves. These special studies are exhaustively treated, and the subjects immediately incidental to them are well discussed.

In the application of electricity, both in experimental researches and in the treatment of disease, preference is given to the galvanic current as it was introduced by Remak, and is at present used by the best electro-therapeutists abroad. He deems it more sure and more manageable than any method by induction. By the intelligent and skilful use of this apparatus, Dr. Neftel attains truly marvellous results in the treatment of certain, so called, incurable cases.

In connection with these researches in galvano-therapeutics, the reader will find a vast number of suggestive hints relating to the most advanced theories concerning the physiology of the nervous system; by a singularly concise style of composition, the author condenses a great amount of information in a few words, so that each sentence becomes the theme for fruitful study. Although this condensed and technical style tends occasionally towards obscurity of sense, it is really no objection as a whole, and, in these days of diffuse habits in writing, will rather add to the value of a book which possesses besides so much obvious value.

F. W. D.

Code of Health of the School of Salernum. Translated into English Verse by JOHN ORDONAU, LL.D., M.D., &c. Philadelphia: J. B. Lippincott & Co. 1871. Pp. 167.

THIS quaint little medical fossil, unearthed and newly published in English verse, comes down to us from the early twilight of the middle ages with a smack of freshness, and a pointedness of style which naturally carry us back, still farther than the age which it represents, to the aphorisms of Hippocrates. The *Regimen Sanitatis Salerni* was for ages the Medical Bible of all western Europe, and held sway in the teachings of all its schools; its pithy sentences and homely truths are brought out in a way to make it a vade mecum with physicians, which each one felt bound to commit to memory, as Cicero tells us Roman boys did the Twelve Tables, *ut carmen necessarium*. The advance of modern ideas, and the new method of expressing truths,

have thrown this book out of use, although its truths still live, told indeed in other words. It is now interesting as an historical curiosity, and, in making the first English translation of the work since 1617, Dr. Ordonaux has placed a portion at least of the profession under an obligation; that part, namely, which has time to make a study of the literature of our calling.

Body and Mind; an Inquiry into their Connection and mutual Influence, especially in reference to Mental Disorders. Being the Gulstonian Lectures for 1870. By HENRY MAUDSLEY, M.D., F.R.C.P.L., &c. New York: D. Appleton & Co. 1871. Pp. 155.

THE three lectures forming the first part of the book were delivered before the Royal College of Physicians of London; the latter part gives still farther views which were not included in the lectures delivered; and "the general plan of the whole may be described as being to bring man, both in his physical and mental relations, as much as possible within the scope of scientific inquiry." The subjects treated are the Physical condition of Mental Function in Health; certain forms of Degeneracy of Mind, their causation, and their relations to other Disorders of the Nervous System; the relations of morbid bodily states to disordered Mental Functions; the limits of Philosophical Inquiry, and the Theory of Vitality. Like the Physiology and Pathology of the Mind, this little work of Dr. Maudsley is an able and important one, and calls for serious thought and reflection.

The Physics and Physiology of Spiritualism. By WILLIAM A. HAMMOND, M.D., Professor of Diseases of the Mind and Nervous System, and of Clinical Medicine, in the Bellevue Hospital Medical College, &c. New York: D. Appleton & Co. 1871. Pp. 86.

THIS little work contains an exposé of some of the causes which produce many so-called spiritual manifestations and which lead certain classes of individuals to accept them as actual truths. The author has made a careful study of this delusion, with a view to disproving the agency of spirits or any supernatural beings in the matter. He has never seen a spiritualistic performance which could not be accounted for by the operation of some one or more of the material or mental causes specified. "Even if bodies had been raised in the air by agencies unexplainable, even if some one had

read writing through several thicknesses of paper, even if others had been bound and unbound in a way unknown to us, even if knocks had been heard whose sources could not be ascertained, even if the causes of all the phenomena of spiritualism were entirely beyond our present knowledge, there would be no proof that spirits had anything to do with them. On the contrary the hypothesis of spirits is altogether the least plausible which could be suggested. The phenomena and the explanation have nothing in common."

On Diseases of the Spine and of the Nerves. By C. B. RADCLIFFE, M.D., F.R.C.P.L.; J. N. RADCLIFFE; J. W. BEGGIE, M.D., F.R.C.P.L.; F. E. ANSTIE, M.D., &c., and J. R. REYNOLDS, M.D., &c. Philadelphia: Henry C. Lea. 1871. Pp. 196.

THE volume comprises a series of essays extracted from the "System of Medicine," edited by J. Russell Reynolds, M.D., on a group of diseases of great interest, and many of them of frequent occurrence. These essays are from the pens of gentlemen of acknowledged ability and experience, who have paid particular attention to the several diseases on which they have written. The volume presents the latest advances in the knowledge of the subjects discussed.

The Gas Consumer's Guide; a Handbook of Instruction on the proper Management and economical Use of Gas. Boston: ALEXANDER MOORE. 1871. Pp. 148.

A USEFUL book in its way; containing much useful information and many hints for those employing gas as an illuminating agent.

Report of the Board of Health of the City of Chicago for 1867, 1868 and 1869, and a Sanitary History of Chicago from 1833 to 1870.

THIS is a volume of 330 pages, prepared with much care and furnished with numerous plans illustrating the mortality of the great western city from all causes, and from special epidemics. These epidemics, by the way, have been of special value to Chicago. But for them it is doubtful whether the busy citizens, intent upon material progress as expressed in grain, pork, lumber and corner lots, would have paused in their career of almost fabulous growth and prosperity to look after the less obvious advantages of public health.

The cholera was a blessing in disguise.

At each of its visits, the people were thoroughly alarmed. But for the cholera and several minor epidemics which followed in its train, and all of which committed their greatest ravages in the undrained portions of the city, and along the borders of the sluggish stream which served as a common sewer, Chicago might never have undertaken those great sanitary works of which the good fruits are now becoming evident. It is abundantly shown in this volume that the people are now in earnest in the wish to make Chicago as distinguished among American cities for its drainage, its water supply, and its freedom from disease-breeding nuisances, as she already is for business enterprise. The difficulties already met and partially surmounted are infinitely great, both from the original site of the city being but little elevated above the lake, and the absence of any current, whether tidal or otherwise, in the surrounding water.

We should have been glad to find in the sanitary history a more brief, clear, and connected account of the plans of drainage and water supply, which persons at a distance could see and readily understand in their grand features.

The present Board of Health of Chicago is modelled after the Metropolitan Board of New York, and seems to possess, like that Board, great power to control all trades which, from carelessness or abuse, may endanger the health of the city. The registration of births, deaths and marriages, is also in their charge. These responsibilities are evidently in the hands of wise and prudent men, who are doing a work whose good effects will be apparent in all coming time.

The Health and Wealth of the City of Wheeling, West Virginia. By JAMES E. REEVES, M.D., City Health Officer.

We wish every city in the land had a health officer as earnest as Dr. Reeves to inspire his fellow citizens with a desire to be healthy, wealthy and wise, and to show them how to do it.

In a very attractive-looking volume of 158 pages, Dr. Reeves has collected from all quarters a great mass of information on sanitary questions, skilfully chosen, well arranged, and certain to be useful to all into whose hands it may fall. The earth-closet question is prominent, and illustrated by many plans. Water supply, ventilation, vaccination, registration, noxious trades, and very many other things are discussed with intelligence. Such publications are of

great value, and should be welcomed by our profession when, as in the present case, they teach sound doctrine for the general good of the community. The statement of the death-rate of Wheeling in 1869 and 1870 must be an error. It is inconceivable that in a growing town the average number of deaths for five years, 1861-1865, should be 400, and in 1869 and 1870 should fall to 270 for each year. If, as we can hardly doubt, the registration of deaths is imperfect, no death-rate can fairly be given. There is nothing gained in the long run by exaggeration of population or understatement of mortality. This is a western failing, but one which medical men should for their own credit avoid.

Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 23, 1871.

WHAT THE LAW-MAKERS HAVE BEEN DOING.

THE majority of physicians and apothecaries in this city are aware, doubtless, that a petition providing that the practice of pharmacy shall be confined to a body of men legally qualified to prosecute it—the legality being based on known necessary attainments—has been presented to the Massachusetts Legislature during the past winter. Although this movement was in support of the most important interest of the public—its life—the bill was quietly referred to a sub-committee of the Judiciary Committee. Whether this committee will retain it under consideration indefinitely or not, remains to be seen; but judging from the support it has received outside of the profession, it seems as though the indifference should be construed as ignorance of its necessities. The question of infringement on the rights of private individuals was carefully considered during the framing of the bill, and it is believed that without misconstruction, no clause affords an opportunity for so doing. It was based on the one now in force in Baltimore, and which has been found to be a wise provision for the risks which the people must run in the use of medicines, compounded and dispensed by ignorant, careless and incompe-

tent drug clerks, and was substituted for the one compelling the use of English by physicians instead of Latin in writing their prescriptions; it being thought best to direct the efforts of legislators who were disposed to dabble in medicine, rather than they should launch upon the profession a law which would stand as a memorial of the injudicious action of its projectors and in its practical workings subject all affected by it to numberless, unnecessary inconveniences. The necessity of a Registry Law is beginning to be felt in other localities besides Massachusetts. On Feb. 1st, at the annual meeting of the New Jersey Pharmaceutical Association in Trenton, the committee having charge of the proposed Pharmacy Law reported progress, stating that the bill was in the hands of the Judiciary Committee, and would be reported to the Legislature at once—they were quite hopeful of its becoming a law at an early day. The members present all expressed themselves in favor of the bill, believing that the time had come when the interests of the people as well as their own, demanded a higher and better established standard of moral and educational qualification for persons engaged in the practice of Pharmacy. It is expected that strong opposition will be made to the bill by certain physicians who desire to avoid the examination required of those who wish to open new stores.

On Feb. 6th, the Canadian Legislative Assembly passed a law which takes effect July 1st, 1871. It is entitled the Pharmacy Act of 1871. The Editor of the *Pharmaceutical Journal*, in announcing it, says:—

“We have reason to congratulate ourselves that the rescue has been achieved, that the name of ‘chemist and druggist’ shall no longer be accounted a mockery and a deception, but that, reinstated in the lost dignity of the profession, and with interests strongly guarded by the strong arm of the law, the pharmacists of Ontario shall soon take their place side by side with their European brethren—that illustrious fraternity which gave birth to a Davy and a Liebig, and which, at the present time, in point of scientific attainments, ranks second to none of the learned professions. * * * *

“The opening clause declares that after

the first day of July, 1871, it shall be unlawful for any person to sell, or keep open shop for compounding medicines, or retailing poisons, or to sell, or attempt to sell, any of the articles named in a schedule attached to the Act; or to assume or use any of the titles ‘chemist and druggist,’ ‘druggist,’ ‘pharmacist,’ ‘apothecary,’ ‘dispensing chemist, or druggist,’ unless such person shall be registered under the Act, nor unless such person has taken out a certificate under the provisions of the twenty-first section of the Act. This latter section provides that parties registered shall receive a certificate stating the time during which they may carry on business as chemists and druggists. This term extends from year to year, and such certificates must be procured, annually, from the Registrar.

“The second and third sections have reference to an enumeration of those articles which are to be deemed poisons within the meaning of the Act. Such are presented in tabular form in a schedule, and are divided into two classes. The first class contains those poisons which may only be sold under certain conditions by registered druggists—viz.: (a) the purchaser must be known to the seller, or must be introduced by some one personally known to the seller; (b) before the delivery of the poison, the person actually selling the same shall make an entry in a book to be kept for the purpose, in form set forth in the Act, in which the date of the sale, the name and address of the purchaser, the name and quantity of the article sold, the purpose for which it is stated by the purchaser to be required, and the name of the person, if any, who introduced him: to these details the signature of the purchaser must be attached; (c) the third condition is that every box, bottle, vessel, wrapper, or cover containing any of said poisons shall be distinctly labelled with the name of the article, together with the word ‘poison;’ and, if sold by retail, the name and address of the seller must also be shown forth. The articles on which these conditions of sale are imposed are hydrocyanic acid; aconite, and compounds thereof; tartrate of antimony; arsenic, and compounds thereof; atropine; conia, and compounds thereof; corrosive sublimate; digitaline; ergot; Indian hemp; morphia, and its salts and solutions; strichnine, and nux vomica; savin and preparations; veratria; and oil of cedar. The second class of poisons embraces those articles which can be sold without restriction by registered druggists, but could not be sold by any other. This class includes ox-

alic acid; belladonna, and compounds thereof; Calabar beans; cantharides; chloroform and ether; conium, and preparations thereof; croton oil and seeds; cyanide of potassium; euphorbium; elaterium; Goulard's extract; hyoscyamus, and preparations; hellebore; iodine; opium, with its preparations, not including paregoric; podophyllin; iodide and bromide of potassium; St. Ignatius' beans; santonine; scammony; stramonium, and preparations; valerian; verdigris; sulphate of zinc; acetate of lead, and pink root.

"The Council of the Ontario College of Pharmacy is empowered to add to the number of the above poisons; and this body may from time to time declare, by resolution, that any article ought to be deemed a poison within the meaning of the Act. Such resolution is to be subjected to the approval of the Lieutenant-Governor; and if such approval be given, it shall be advertised, together with the original resolution, in the *Ontario Gazette*. On the expiration of one month from the date of such advertisement, the article named in the resolution shall be deemed to be a poison within the meaning of the Act, and shall be subject to all its provisions. * * *

"The fifteenth section relates to the duties of the Registrar. This officer is to keep a correct list of all persons entitled to be registered under the provisions of the Act, and to make such alterations as may from time to time be rendered necessary by deaths, removals, or other causes. On or before the fifteenth day of June in each year he is to publish an alphabetical list of all those who on the first day of that month were legally qualified to keep open shop as pharmaceutical chemists.

"The seventeenth section describes those persons who are entitled to be registered as pharmaceutical chemists. The qualifications are precisely similar to those given in respect to admission to the membership of the College, viz.: the candidate must have been in business, as principal, at the time of the passing of the act, or must have served an apprenticeship of three years, and have acted in the capacity of assistant for one year, prior to the passage of the Act. Satisfactory evidence of this having been furnished to the Registrar, and the candidate having paid the fee of four dollars, he will be entitled to registration as a 'Pharmaceutical Chemist.' In case he has paid the fee to the College, mentioned in the fourth section, the same shall be credited as his registration fee; but there shall be payable to the Registrar, for the

uses of the College, an annual subscription of four dollars. This becomes due on the first day of May, and it may be observed that by a subsequent clause, the non-payment of any fees due under the Act, is followed by the withdrawal of all privileges conferred, and membership ceases at once.

* * * * *

"All compounds named in the British Pharmacopœia must be prepared according to the formula directed in the latest edition published, 'by authority,' unless the College of Physicians and Surgeons shall select another standard, or unless the label distinctly shows that the compound is prepared according to another formula.

"Any person transgressing any of the provisions of the Act shall for the first offence incur a penalty not exceeding twenty dollars, with costs of prosecution, and for each subsequent offence a penalty not exceeding fifty dollars and costs, to be recovered in a summary manner before any two justices of the peace, or police magistrates, on the oath of one or more credible witnesses, one moiety to belong to the prosecutor and the other to Her Majesty. In any prosecution it shall be incumbent upon the defendant to prove that he is entitled to keep open shop, &c. The production of the Registrar's certificate will be accounted *prima facie* evidence that he is so entitled.

"No person selling articles in violation of this Act can recover any charges in respect thereof in any court of law or equity.

"A continuance of the rights and privileges at present enjoyed by physicians and surgeons is ensured by a provision of this Act, in which it is also stated that any physician or surgeon may be registered as a pharmaceutical chemist, without undergoing examination.

"Upon a resolution of the Council being passed declaring that any person in consequence of his conviction for any offence or offences against the Act, is unfit to be on the register, the Lieutenant Governor may direct that the name of such person be erased."

NEW ABORTION BILL.—We make the following extract from the *New York Times* for March 15th:—

A bill this morning introduced in the Senate by Mr. Norton makes a most radical change in the laws relating to the procuring of abortions, and the selling of the medicines and instruments used for such purposes. The first section provides that any person who shall administer any medicine,

or in any other way procure an abortion upon any woman, shall be guilty of manslaughter in the second degree. And if a plea of necessity to save the life of the woman is put in, proof of this necessity shall devolve upon the accused. Any person supplying or procuring a drug, knowing that it is to be used for such purpose, shall be guilty of a misdemeanor, and be imprisoned one year, or pay a fine of \$1,000. Any person publishing any advertisement that shall, in any way, tend to produce the knowledge that any drug or medicine will procure abortion, shall be guilty of a misdemeanor. Any person offending against this act shall be a competent witness against any other person so offending, and may be compelled to appear and give evidence. Chapter 631 of the laws of 1869 and all other conflicting laws are repealed. The section providing for the calling of any person guilty of the offence, to testify against any other person, is qualified by the clause that the testimony so elicited shall not be used against the witness in any criminal or civil proceeding. The feeling is so strong in favor of a stringent law upon the subject that this bill will probably pass without much opposition.

HOMŒOPATHIC LIFE INSURANCE. *Messrs. Editors*,—Stopping at a country hotel, last summer, I took up a large book in the reading room, which I found to be a collection of advertisements. Among them were the advertisements of a couple of life insurance companies, bearing names as follows:—“Homœopathic Mutual Life Insurance Co., office No. 231 Broadway, New York,” and “Hahnemann Life Insurance Co. of Cleveland, Ohio.” By examination, I endeavored to find out, first, whether the object was to insure particularly the lives of patients who entrusted themselves to the risks of homœopathic practice; secondly, whether the amount saved by the premium paid would be sufficient to make up the extra price which I should be obliged to pay in Doctor’s fees; thirdly, whether I should incur the risk of losing policy, premiums and all, if I should accidentally fall into the hands of a regularly educated physician, when sick. For the purpose of helping me to decide the matter, I wrote to the Secretaries of both companies, copies of the following letter:—

“MY DEAR SIR,—Please answer the following questions, at your convenience.

“If a person had hitherto always been under other than homœopathic treatment

when sick, would your company charge a larger premium than if he had always been a homœopath?

“2dly. Having been insured as a homœopath, if circumstances should render it necessary for him to come under other treatment, while travelling for instance, would that, if discovered by the company, vitiate the policy?

“An answer, &c., will oblige,

“Resp’y yours, FRANCIS WILLIAMS.”

From one of the companies I never received answer. The liberal terms of the other company will be seen by the following reply, a part of which I have italicized.

“HOMŒOPATHIC MUTUAL LIFE INSURANCE Co., }
Office No. 231 Broadway, New York.

“DEAR SIR,—In reply to your favor of the 6th inst., permit me to say that *we make no heavier charge upon those who have not used homœopathic remedies, but have agreed to for the future*, than for those who have always been homœopaths. When a party insures with us as a homœopath, we of course expect him to live up to his agreement, *but we never look for nor expect impossibilities*. When a party is travelling, and cannot get a physician of our school, we expect he will do the next best he can under the circumstances, viz., employ an old school physician.

“Let me call your attention to page 5 of our rate-book, which I send you by this mail. Respectfully yours,

A. HALSEY PLUMMER, Sec.”

On looking at page 5 of the rate-book, I find the following paragraph:—

“CHANGE OF PRACTICE.—We annex no penalty to the change from homœopathy to any other system of practice, except that where such change is permanent, we reserve the right to charge, thereafter, non-homœopathic rates of premium.

“On this subject, we say to our homœopathic customers, if you are taken sick, when you cannot call your own physician, or another homœopathic physician worthy of your confidence, do, in such an emergency, what your own sense of fitness dictates, and we shall be satisfied. We believe you can be safely trusted to preserve your own life by the best means within your reach.”

The terms are so liberal, that I thought the members of your profession might like to see them. I am very truly yours,

FRANCIS WILLIAMS.

PHARMACO-DOCTORS. *Messrs. Editors*,—Seeing in your JOURNAL of the 2d inst., an

editorial upon pharmacists attempting to play the physician, brings to mind a case which occurred in my own practice, not long since.

A young man came to me with gonorrhoea, which he had contracted for the first time. And in the course of my conversation with him, it came out that he had previously been to one of these would-be doctors, who prescribed an injection, of some kind unknown to the patient, together with *half a pint of gin daily*.

The result was just what we should naturally expect. The patient grew worse, instead of better; the *gin* disappearing much more rapidly than the *disease*.

Under proper treatment, however, it readily yielded, and in two weeks he had recovered perfectly.

Cases like this are continually occurring to every physician, particularly in cities and large towns, and sometimes the most injurious results ensue. To make a pill is one thing; but to apply the same pill to the treatment of disease is quite another matter. The first is the legitimate and proper duty of the apothecary, and can be done by him better than by anyone else; but the last belongs to the physician, and to him alone. *Ne sutor supra crepidam*, "Let the shoemaker stick to his last," is a maxim, equally as applicable to every other occupation.

GEO. H. STANLEY.

Pawucket, R. I., Mch. 14th.

OCCCLUSION OF THE VAGINA. By Dr. MALLORY (*Rich. and Louis. Journal*) and Dr. HALBERTSMA (*Central-Blatt*, March, 1870).—Dr. Mallory reports a case of occlusion of the vagina, with prolonged retention of the catamenia, occurring in a woman aged 30, two years after her last confinement. A puncture was made into the tumor, which was felt in the vagina above the obstruction, and a black, tarry fluid escaped, followed by perimetritis and the formation of an iliac abscess. Two years afterwards the vagina was again occluded, and a second operation became necessary, which was again followed by perimetritis; but subsequently complete recovery took place.

Dr. Halbertsma explains the bad effects which so often follow an operation of this character by the fact that, when the uterus is rapidly emptied of menstrual fluid, the Fallopian tubes must be pulled upon and ruptured if, as is generally the case, adhesions exist; while, if they are still free, they are thrown into contraction with the uterus, and expel their contents into the

abdominal cavity. Dr. H. makes only a small opening, and permits the retained fluid to escape drop by drop, and reports a case successfully treated in this way.—*Phil. Medical Times*.

M. PEUCH, a distinguished French veterinary surgeon, quoted by the *Lyon Médicale* from the *Jour. de Med. Vet. de Lyon*, has used the ether spray with marked success in ulcers and divers cutaneous affections in the lower animals. Crusts, where they exist, are detached by the retraction of the subjacent tissues, the distressing itching of certain lesions is at once allayed, and an exposed surface is dried by the rapid evaporation without the irritation caused by atmospheric air. Complete congelation is not sought, and in the case of said surfaces, the spray is used only until the deep red of the tissues is reduced to a pale pink. Under these conditions, M. Peuch asserts that spray is a most valuable cicatrizing agent in wounds and ulcers, more especially those of an indolent nature. The experiment may be worth a trial in the human subject, as we have no very satisfactory means of either allaying itching or healing chronic ulcers.—*National Medical Journal*.

THE OPERATION OF SUB-HYOIDEAN PHARYNGOTOMY.—Langenbeck believes this operation is destined to take an important place among the operations on the larynx. The operation was first described by Malgaigne, in 1835; but Vidal claims the credit of its invention, and asserts that Malgaigne derived the operation from him. The operation was first performed by a surgeon of the French navy, for the removal of a tumor of the epiglottis. Langenbeck performed the operation for the first time in July, 1862, for the removal of a fibrous tumor of the size of an apple, dislocating the thyroid cartilage downwards and to the left side. In 1863, Follin performed the operation successfully on a boy, for the removal of a polypus of the larynx, without tracheotomy. Débroux, of Orleans, in Nov., 1863, performed the operation on a man, æt. 52, for polypus of the larynx.—*Dublin Quarterly Jour. of Med. Science*.

ARSENIC AND PREGNANCY.—Dr. Du Vivier has published some cases which appear to prove that the administration of arsenic during pregnancy is liable to cause abortion.—*Australian Medical Gazette*.

Medical Miscellany.

WE trust that due allowance will be made for any inaccuracies which may occur in the JOURNAL during this month, as the best half of our Senior is at Auburn, N. Y.

FISTULA IN ANO.—W. B. Fletcher, M.D., one of the editors of the *Indiana Journal of Medicine*, says in an article on this subject: "In regard to treatment, I have observed but one rule, and that was to disregard the condition of the patient, and to operate at once and always with the knife. I pursue this course from the fact that I have not been able to increase the health of a patient while the drain and annoyance to his system were kept up by the disease—whereas, after operation, under good diet, he readily takes flesh and gains strength. I prefer the knife, because it is quick, clean, and sure, and by far less painful than the ligatures or any other method I have observed." After the operation Dr. Fletcher dresses the parts with carbolic acid solution, which he says is a most painless application, and has the good effect of keeping the edges from uniting.—*American Practitioner*.

RADICAL CURE FOR COLIC.—A correspondent of a newspaper exchange gives the following item:—

Dr. B. R. Westfall, of Macomb, Ill., had a patient, a Mrs. H., living eight miles from Macomb, who had been for several years previous to September, 1867, subject to terrible attacks of bilious colic. On account of the distance and their severity, the doctor had taught her to treat them herself. But on September 17th, 1867, being suddenly summoned, and thinking to relieve rather than save her, he made an incision and cut out about five and a half inches of intestine and brought the cut ends in contact so that they grew together. The wound healed in about four months, and her recovery was perfect. Her health is now good, she does the housework for a large family, and has never had another attack of colic.—*Med. and Surg. Reporter*.

ABDOMINAL NEURALGIA.—Dr. Handfield Jones has lately called attention to a condition in which abdominal neuralgia and hyperæsthesia (probably of the peritoneal lining) may be attended with high temperature and other symptoms very closely simulating peritonitis. As regards the differential diagnosis, if the patient have suffered from any known cause of exhaustion, the disease was not likely to be inflammatory; if enduring two or more weeks without the development of other symptoms, it could not be peritonitis; moreover, the peritonitic patient instinctively avoids movement and refrains from diaphragmatic respiration, while the neuralgic is often restless and has less fear of abdominal breathing, and the dullness on percussion common in the former is not present in the latter. The treatment should consist of opiate enemata, tonics, repose and good nourishment.—*N. Y. Med. Gaz.*

CALABAR BEAN IN CONSTIPATION.—Dr. Victor Subbotin (*Arch. f. Klin. Medicin*, vi. 2, 3, 1869)

communicates cases in which he obtained remarkably good result from this remedy. He prescribed a solution of the extract in glycerine, one to thirty, the dose being four drops four times daily. A fecal tumor which resisted strong doses of a cathartic was quickly dispelled in this way. The cases in which the treatment is most suitable, are those due to atony of the muscular coat of the bowels, on which the Calabar extract acts powerfully, as is shown by experiments on animals.—*Med. Press and Circular*.

Of the 123 deaths in Boston last week, 27 were of persons over 60 years of age, and two of these were aged 95 years each.

ERRATA.—In last No. of the JOURNAL, p. 182, line 3 from bottom in 1st column, and line 32 from top in 2d column, for "deadness" read *hardness*.

PAMPHLETS RECEIVED.—Valedictory Address to the Graduating Class at Rush Medical College, Chicago. By Moses Gunn, A.M., M.D., Professor of Surgery. Pp. 15.—First Annual Report of the Trustees of the New York Dispensary for Diseases of the Skin. Pp. 12.—Fifty-seventh Annual Report of the Trustees of the Massachusetts General Hospital, with the Fifty-third Annual Report of the Superintendent of the McLean Asylum for the Insane. Pp. 44.—Woman as a Physician. By J. P. Chesney, M.D., Newmarket, Mo. Pp. 13.—Thirteenth Annual Report of the Medical Superintendent of the Provincial Hospital for the Insane, Halifax, N. S. Pp. 46.

Deaths in seventeen Cities and Towns of Massachusetts for the week ending March 18, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	123	Consumption 49
Charlestown	8	Pneumonia 29
Worcester	14	Scarlet fever 10
Lowell	16	Croup 7
Milford	3	Erysipelas 6
Chelsea	6	
Cambridge	13	
Salem	8	
Lawrence	12	
Springfield	5	
Lynn	12	
Gloucester	7	
Taunton	3	
Newburyport	5	
Somerville	7	
Fall River	9	
Haverhill	4	

255

Two deaths occurred from smallpox—one in Springfield and one in Lowell.

GEORGE DREBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, March 18th, 123. Males, 60; females, 73. Accident, 7—abscess, 2—apoplexy, 1—anaemia, 1—inflammation of the bowels, 1—disease of the bowels, 1—bronchitis, 4—inflammation of the brain, 2—disease of the brain, 4—cancer, 3—consumption, 22—convulsions, 4—croup, 2—debility, 1—dropsy, 3—dropsy of the brain, 3—scarlet fever, 5—gastritis, 2—disease of the heart, 9—hip disease, 1—laryngitis, 2—inflammation of the kidneys, 1—congestion of the lungs, 3—inflammation of the lungs, 13—mortification, 1—marasmus, 4—measles, 1—old age, 5—paralysis, 2—peritonitis, 2—puerperal disease, 1—spina bifida, 1—scrofula, 1—synovitis, 1—tumor, 1—ulcers, 1—unknown, 5.

Under 5 years of age, 38—between 5 and 20 years, 13—between 20 and 40 years, 24—between 40 and 60 years, 21—above 60 years, 27. Born in the United States, 77—Ireland, 30—other places, 16.

GRIMAULT & CO.'S PHARMACEUTICAL PRODUCTS,

Prepared with the most scrupulous care, under the immediate supervision of Prof. Leconte, M. D. Pharmacist of the First Class, Ex-Preparator of the course of Physiology, at the College of France.

E. FOUGERA, New York, General Agent for the U. S.

GRIMAULT'S MEDICINAL PEPSINE. IN POWDER.

The therapeutical value of this Pepsine in all disorders of the stomach, resulting from the inability of this organ to digest and assimilate food cannot be over estimated. It is used daily with great success in *Dyspepsia, Slow and Difficult Digestion, Gastralgia, Debility of the Stomach*, from old age or from abuse of liquors, and in *Vomiting during Pregnancy*.

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A pleasant combination of Pyrophosphate of Iron and Soda, colorless and tasteless. It is readily assimilated and used with great success in *Chlorosis, Anæmia, Dysmenorrhæa, etc.*, replacing all other ferruginous preparations. It never causes constipation.

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Prescribed by the most distinguished physicians for *affections of the lungs, Phthisis, etc.* Each tablespoonful contains two grains of the pure hypophosphite.

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A pleasant substitute for Cod Liver Oil, prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodine, so intimately combined as to be insensible to the action of starch.

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A new preparation of the leaves of Matico, of more certain effect than most of the medicines recommended for the same class of diseases. The capsules contain the essential oil of Matico, combined with the balsam of Copaiba, and do not cause any unpleasant eructations. The injection is prepared with distilled water saturated with Matico.

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Ferro-manganic Powder, for effervescing water.
Carbonate of Iron and Manganese Pills.
Syrup of the lactate of iron and manganese.
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Syrup of the Proto-Iodide of Iron and Manganese.
Pills & Dragees of the Proto-Iodide of Iron & Manganese.
Manganic Iron reduced by hydrogen.

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APPARATUSES FOR

Atomization of Liquids for Inhalation, Local Anæsthesia, &c.

By the Atomizer any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air cells, thus opening a new era in the treatment of all diseases of the Throat and Lungs.

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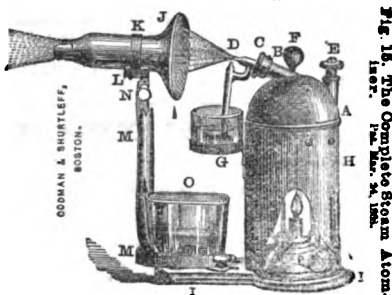


Fig. 18. The Complete Steam Atomizer. Pat. Mar. 24, 1868.

The waste-cup, medicament-cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.

It cannot be injured by exhaustion of water, or any attainable pressure of steam.

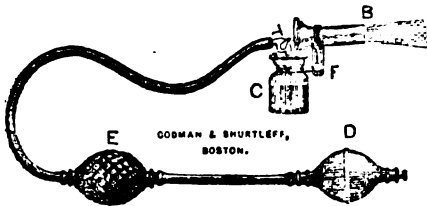
It does not throw spirits of hot water, to frighten or scald the patient.

Is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will tender the best of service for many years, and is cheap in the best sense of the word.

Price, \$5. Neatly made, strong, Black Walnut Box, with convenient handle, additional \$2.50.

Fig. 5. Shurtleff's Atomizing Apparatus.



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The most desirable Hand Apparatus.

Rubber warranted of very best quality. Valves of hard rubber, every one carefully fitted to its seat, and work perfectly in all positions.

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- NASAL DOUGH, for Treating Diseases of the Nasal Cavity, eight different varieties, each with two Nozzles, packed, \$1.20, 1.50, 1.75, 2.00, 2.50 and 3.50

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Will be sent by mail (post-paid) on application,

A PAMPHLET

containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," with formulae of those successfully employed. Also an article by Dr. J. L. W. TRUDINGTON, M.R.C.P., on "A New Mode of treating Diseases of the Nasal Cavity," with his formulae. Also an illustrated description of the best apparatus for the above purposes, and for producing LOCAL ANÆSTHESIA by Atomization with Ether, by the method of Dr. RICHARDSON, of London; or with Rhigolene, as described by Dr. HENRY J. BIGN LOW, in the Boston Medical and Surgical Journal of April 19, 1868.

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- Sponge Tents, plain and carbolicized, each 25
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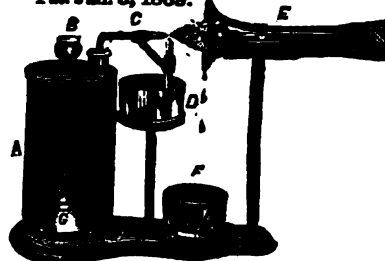
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A modification of Richardson's original instrument, applicable for Freezing, with Ether or Rhigoleane, or for Inhalation in diseases of the Throat or Lungs.

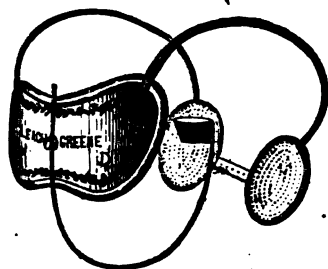
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Dr. Clark's Atomizer, consisting of two glass Bergson tubes, with metal connections and flexible rubber bulbs, operated by the hand, neatly packed in box. Price \$3.50.

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The contrivances hitherto devised for the purpose have generally fallen into disuse on account of radical defects in construction, and the substitute now offered has been withheld until it could be thoroughly tested in a class of cases which have resisted medical treatment. How it obviates the most objectionable feature of the ordinary appliances, and in what respects is superior to them, is at once apparent. Manufactured and for sale by ROBERT R. KENT, East Boston.

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" Phosphates Comp. (Farrish).
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And many other Pharmaceutical Preparations.

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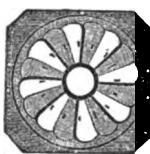
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Vol. LXXXIV. }

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{ New Series,
{ Vol. VII.—No. 13.

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The regular Course of Summer Instruction will begin at the Massachusetts Medical College, North Grove Street, Boston, on March 13th, and continue until the next Winter Course of Lectures on the first Wednesday in November. The Session is divided into two Terms by the summer vacation of two months. Gentlemen who finish their undergraduate course during the summer months, should join the Medical School at the beginning of the Fall Term, Sept. 11th; their requisite three years of study being thus completed in time for the special examination for medical degrees, which precedes the annual commencement at Cambridge.

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Citrate of Iron and Peruvian Bark.

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[Continued on next page.]

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Elixir Calhaya Bark, Iron and Strychnia.

Each teaspoonful contains one-fiftieth of a grain of Strychnia; this enhances the tonic power, and will be found a valuable adjunct to the other constituents, when a powerful nerve tonic is desired.

Each fluid drachm contains Calhaya Bark, two grains Iron, one-fiftieth grain Strychnia.

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We prepare this solution of a uniform strength, with full directions as to use. It will be found much more convenient for both internal and external use, than the Glacial Carbolic Acid, or any of the many Carbolic Acids, of uncertain strength, now imported. Each fluid ounce contains forty grains of the Glacial Acid.

Put up in 16 oz. bottles.

We have also the Pure Crystallized Acid in 1 oz. G. S. bottles.

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This preparation is prepared from the recently precipitated Phosphate of Iron; will keep in any climate, and is a deservedly popular remedy. Each fluid drachm contains three grains of Phosphate of Iron, with an excess of Phosphoric Acid.

Adult dose, one teaspoonful, immediately after meals.

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The greater efficiency of Bismuth in solution, over the insoluble salts, usually given, recommends this preparation in the many cases of gastro-intestinal irritation, in which bismuth is indicated. This Elixir contains two grains of the Citrate of Bismuth in each fluid drachm.

Adult dose, one teaspoonful.

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This fluid extract is composed of equal quantities of Buchu, Pareira Brava, and Collinsonia Canadensis. As a tonic and diuretic it will be found of great value; exerting prompt remedial action in Calculous Affections, Chronic Inflammation, and Ulceration of the Kidneys and Bladder, Leucorrhoea, Dropsy, &c.

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Mich. 16—15.

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THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, MARCH 30, 1871.

[VOL. VII.—No. 13.]

Original Communications.

ON THE IMPORTANCE OF THE OPHTHALMOSCOPE AS AN AID TO GENERAL PRACTICE.

Read before the Boston Society for Medical Observation, by HARRIET DERBY, M.D., Surgeon to the Massachusetts Charitable Eye and Ear Infirmary.

WHEN, in the year 1851, Prof. Helmholtz published his modest "description of an eye-mirror for examining the retina in the living eye," he claimed for the instrument the power of investigating the normal and diseased conditions of the interior of the organ of vision, and of estimating the state of its refraction. Little did he think that the ophthalmoscope would ultimately prove of assistance to the general physician as a means of diagnosis of some of the most important affections of the system at large. Within the twenty years, however, that have since elapsed, this has become strikingly manifest. It has been ascertained that changes in the nutrition and disorders in the function of the brain may be mirrored on the face of that prolongation of its substance to which we give the name of the optic nerve; that organic changes in the kidneys may betray themselves by characteristic infiltrations into the substance of the retina; that syphilitic alterations may take place in the fundus oculi; that the beats of the pulse may often be counted in the retinal veins and sometimes in the arteries; that cardiac diseases and changes in the vascular system may betray themselves to the eye of the observer; and that we may sometimes even go back a generation, and assert the probable blood-relationship of the patient's parents, our opinion being grounded on a glance at the distribution of pigment in the retina and choroid. These are some of the ways in which the ophthalmoscope may become an aid to diagnosis to the profession at large. It is to illustrate the importance of its study to all that I wish to call the attention of the Society to a very few selected cases. They will show that

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the method of its employment deserves to be, at least, as generally known as the use of the stethoscope or the tests applied to the examination of urine.

I was called, June 24th, 1863, to a neighboring city to see a lady seven and a half months advanced in pregnancy. She was 39 years of age, and had always enjoyed good health. A fortnight before, she had been attacked by a violent headache, which had since been followed by several similar ones. Three days after the first she noticed a blur before the left eye, and shortly afterwards one before the right. Vision had gradually fallen off till, at the time of my visit, she could hardly see her husband's features across the table, and made out ordinary print with very great difficulty.

On examination of the interior of the eye, the fundus presented an exquisite picture of the albuminuric retinitis, much resembling the drawing in Liebreich's Atlas which is herewith shown, save that no retinal apoplexies could be distinguished. The small, isolated spots, as well as the broad plaques, were of a glistening whiteness. On examination of the urine, albumen was found in large quantities.

The case being clearly dependent on the general condition, no treatment was required. The confinement occurred during the first week in July. August 28th, the albumen had almost disappeared from the urine, and was at times entirely absent. Vision improved very slowly. Oct. 2d, it amounted in each eye to one-fifth. In the right eye, the only trace of the disease consisted of a brilliant stellated patch, just over the macula lutea. In the left, the general appearances were slowly diminishing. The power of reading and writing now gradually returned. In the spring of 1864, vision amounted in each eye to two-fifths, and all the white spots in the left had disappeared. Gradual improvement continued, and in January, 1869, when I made my last examination, vision in the right eye was two-thirds and in the left one-half. No traces of the retinitis remained, but the surface of each optic nerve was whitish and the vessels somewhat attenuated.

[WHOLE No. 2252]

Miss —, aged 21, was sent me by Dr. Agnew, of New York, in January, 1866. She appeared well and strong, and had enjoyed good health up to the preceding summer, when she was said to have had an exhausting sickness, attended by convulsions, during which her vision was, for two days, much affected. She apparently recovered, and continued well till towards the middle of December, when a central mist suddenly appeared before the left eye. It was in the form of a defined cloud, and, while she could see around its edge, she could not penetrate its centre. It gradually increased, and three days later the right eye became similarly affected. The ophthalmoscope showed the left optic disc to be congested and its outlines a little blurry. About and over macula lutea, but not near nerve, were groups and clusters of bright white points. There were no plaques and no effusion of blood. The right eye was similarly affected, but to a less degree. Vision, right two-sevenths, left one-twenty-eighth. Shortly afterwards, I saw the case in consultation with Dr. J. C. White, who made an examination of the urine and found a small quantity of albumen and some epithelial cells, but no pus, blood corpuscles or casts. The heart was healthy. Complaint was made of occasional pains in the region of the kidneys, also of slight swelling of lower extremities.

Tinct. ferri mur. was ordered, and the usual cautions given. The prognosis was of course a discouraging one. By the middle of February, the white points had in some places coalesced so as to form plaques, and a few faint retinal apoplexies were visible. The change in the retina gradually approached the optic disc. It was, however, both remarkable and unusual to observe the improvement that took place in vision, which, April 14th, amounted in each eye to between one-half and one-third. Towards the last of April, however, this fell off, and Dr. White reported the uroxanthin in the urine increased, the urea diminished, and a considerable quantity of albumen. There were a large number of epithelial cells, and a few blood corpuscles and casts. June 7th, vision right was one-half, left two-fifths. The retinal appearances now slowly became more pronounced and vision decreased. I lost sight of the case, during an absence from the city, but Dr. White was called in, early in July, and found the patient confined to her bed, with tumultuous action of the heart, and the inflammatory affection of the lungs commonly accompanying Bright's disease. The appearances

in the urine were more marked. The patient never rallied, and died the last of the month.

These two cases illustrate the disease, or, rather, symptom, known as albuminuric retinitis, which consists in a form of inflammation of the retina, accompanied by fatty degeneration of its structure. It is, in the great majority of cases, the cause of that failure of vision which has so long been known to be associated with Bright's disease, and which was formerly erroneously ascribed to uræmic poisoning. It is in the contracting or cirrhotic form of the disease that it may occur, and it occasionally accompanies the albuminuria of pregnancy. It rarely causes blindness, and may completely disappear. While it is not by any means one of the earliest symptoms of Bright's disease, it is often the first that excites attention and leads the patient to a knowledge of his general condition. Did time allow, I could cite case after case that has come under my immediate observation, where the ophthalmoscope has revealed the presence of an organic disease of the kidneys, the existence of which had not been previously suspected.

I wish to call attention to one other class of cases. A patient comes complaining of sudden failure of vision, for which there has been no apparent exciting cause. He sees a black ball before him, objects are shrouded in a bluish mist, he seems to be looking through a piece of glass with little patches of smoke upon it, and, if he looks at the bar of the window, it may appear broken and irregular. Externally the eyes are normal, but the ophthalmoscope reveals a greater or less number of retinal apoplexies, little drops or splashes of fresh blood, sometimes thickly sown over the entire fundus, sometimes seen only at one or two points, and occasionally uniting to form one or more large, bloody plaques. This is the so-called retinitis apoplectica. It is exceedingly frequent after the operation for glaucoma, the relief from pressure coming so suddenly as to cause a rupture of the coats of some vessels. It may also occur idiopathically. But its chief interest to the general physician lies in the fact that retinal apoplexy may be the result of a profound constitutional disturbance. Hence the prognosis is always a serious one. Organic disease of the heart, or an atheromatous condition of the arterial system are always to be suspected. This condition has been known to precede sudden death from cardiac affections, apoplexy and paralysis, and even attacks of mania.

Mrs. —, 54 years of age, came to me

in January, 1863, for the purpose of ascertaining what glasses she ought to use. I made a careful examination of each eye and found the interior perfectly normal. Early in November, 1867, after writing a long letter, she was startled by a sudden difficulty in seeing, her vision seeming "to leave her." Shortly afterwards she discovered the left eye to be much better than the right. I saw her three weeks later, and found the vision of the right eye one-fifth. Numerous fine retinal apoplexies were scattered over the fundus, while a large, dark patch covered the macula lutea.

I saw her through the winter and spring. But vision never in the least improved. Last September she was attacked with hemiplegia of the right side of the body, from which she was, in December, when I last heard, slowly recovering.

In the two following cases the connection between the local and general symptoms is more immediate.

I was called into the country in July, 1863, to see a lady, 73 years of age, who had long been confined to her room with what was understood to be a disease of the heart. Her physician was not present, and my only information was obtained from the family. A few days before, she had made the discovery that her right eye was much inferior to the other, objects to it appearing dim and confused. On dilating the pupil, extensive effusions of blood into the substance of the retina were seen in every direction.

My prognosis was of course unfavorable. In September she died suddenly of heart disease, but I have never been able to get a definite account of the case.

In January, 1866, Rev. Dr. ——— was sent me by his physician, Dr. Parsons, of Providence.

He had always been very near-sighted, but, with appropriate glasses, had never had any difficulty in using his eyes. A month previous, the sight of both eyes, but particularly of the right, began to grow dim. Owing to the failure of vision it was found impossible to accurately define the amount of his myopia; it was, however, very considerable. The vision of the right eye amounted to exactly half that of the left. The ophthalmoscope revealed in each eye the usual structural changes attendant on a high degree of myopia. In addition to these there was in the right a small fragment of membrane in the vitreous, and, scattered over the entire background, small, brownish, retinal apoplexies, evidently the cause of the failure of sight.

Dr. ——— remained a short time in Boston, and then returned home. March 3d, Dr. Parsons wrote as follows: "His symptoms have developed themselves rapidly since I last wrote you, and it is evident he has valvular disease, apparently at the aortic orifice, with enlargement, principally dilatation of the heart. He is unable to get down stairs."

He died the same afternoon.

I have at present under observation five cases of retinal apoplexy, which I am carefully watching. They are all well advanced in life, and I have warned their physicians and their families what is to be apprehended.

The manipulation of the ophthalmoscope is by no means a matter of much difficulty. The eye may be more readily educated than the ear, and it is really easier to learn to get a clear view of the fundus oculi, than to appreciate the normal respiration on the sounds of the healthy heart. There are, it is true, subtle changes in the retina, choroid and optic nerve, which can be best judged of by one who is in the constant habit of regarding these structures; but such patent alterations as occur in albuminuric retinitis, or apoplexy of the retina, may be correctly estimated by any educated practitioner, who will expend a trifling amount of time and study on the instrument by which they are to be detected.

Selected Papers.

SEPTICÆMIC AND PYÆMIC FEVER.

By Prof. HUETER, of Kostock. A Résumé by Prof. PODRAZKI, of Vienna. Translated for the Boston Medical and Surgical Journal by J. C. WARREN, M.D.

A. SEPTICÆMIC FEVER.—*The septicæmic fevers are caused by the presence in the circulation of the products of putrefaction arising from masses of putrefying substances.*

The history of the septicæmic fevers reaches naturally as far back as the occurrence of injuries to the human body, and the decomposition of dead substances; but little mention has been made of this subject, however, by old writers. The author has reviewed in chronological order the combined literature from the time of Hippocrates and Oelsus, and has made as a basis of his book the latest valuable works of Billroth, Roser and O. Weber, Lister and Binz.

The doctrine of septicæmia was first established by the numerous experiments of

Gaspard in 1822, and later by Stich and Panum; these, as well as the necessary preparatory study of the putrefactive process, are treated of by the author in the greatest detail. The interesting investigations of Pasteur on the cause and products of putrefaction are freely used.

The author describes in a few words, but very clearly, the series of changes which, according to these writers, occur during the process of decomposition. The oxygen diffused through the fluid is destroyed; small infusoria, of the species *Monas crepusculum* and *Bacterium termo*, are then developed, which invade the fluid in all directions. As they are *Aerobia* (organisms existing in the air), they must be killed by the destruction of the oxygen, and their bodies sink. The fluid would now remain in this condition were not ferment germs produced. By the presence of such ferment germs, however, *Vibriones* are developed in great numbers, and with their development the process of decomposition continues and foul gases are formed. By the action of the *Vibriones* in causing decomposition, the organic combinations of the fluid are separated into relatively more simple combinations, in which the *Bacteria* (or the fungi) introduce a further combustion process, so that they eventually separate into water, ammonia and carbonic acid. *Putrefaction is therefore caused by organic, living ferments which belong to the genus Vibrio.*

I pass over the numerous objections which were made to these theories by Pouchet, Joly and Musset. Hallier says that fungi (belonging to the *Leptothrix* group) and not *Vibriones* are the septogenous ferments.

Our knowledge of the chemical changes which occur in putrefaction is only scanty; the fact, also, that the chemists have not yet been able to study accurately the products of decomposition, particularly those of the albuminous substances, and that experiments could have been made with all the products of putrefaction, makes it still impossible at the present time to solve the important question, namely, what are really those products of the process of putrefaction which have a poisonous action on the organism. Gaspard has experimented with carbonic acid, hydrogen, sulphuretted hydrogen and ammonia (injections into the veins). Ammonia alone was found to have a deadly action.

Billroth experimented with sulphuretted hydrogen water, sulphide of carbon, sulphide of ammonium, concentrated watery

solution of leucin, concentrated watery solution of carbonate of ammonia (injections into the subcutaneous cellular tissue). Panum and O. Weber have also made numerous experiments with the different products of putrefaction. The latter allows to sulphide of ammonium a possible participation in septicæmia.

In summing up the experiments of the above-named and many other authors, one arrives at the conclusion that the septic poison is probably of a complicated nature.

The post-mortem appearances in bodies of animals dying of septicæmia are:

1. Constant and marked disposition to rapid putrefaction; indeed, according to Hemmer, a certain kind of decomposition process begins even during life.

2. The blood is noticeable for its dark and imperfect coloration, the muscles have a deeper color, are more bluish red.

3. A very important pathological-anatomical peculiarity is that we do not find lung infarctions, abscesses and metastatic deposits in the lungs of animals infected with the septic poison, and in this peculiarity alone, then, exists a radical difference between septicæmia and pyæmia.

4. The most constant and marked symptom of septicæmia (in animals) is enteritis.

The question must now be asked whether that which we designate in man as septicæmia is really the same disease which we produce artificially in animals by injections of decomposing fluids? Hueter is of the opinion that there is a certain if not a complete resemblance in the two groups of symptoms.

Finally, cases occur of fatal septicæmia in which the post-mortem examination discloses nothing. In regard to the clinical etiology, the author makes a distinction between a heterochthonic and an autochthonic septicæmic fever, according as the substances from which the septic poison is formed is situated in the neighborhood of the patient or in his own body. The route which the septic poison takes in its absorption in heterochthonic septicæmic fever is very probably only the air passages and digestive tract. The conditions of absorption, however, are scarcely so favorable that a high degree of heterochthonic septicæmic fever could easily be produced. The etiology of the autochthonic septic fever is discussed at great length.

The first condition favorable for the development of a putrefactive process is death of the tissue; the next is the contact of the dead tissues, now no longer saturated with oxygen, with substances which ex-

oite putrefaction, with organisms which are scattered broadcast in the air in which we live. Every breath we breathe, probably, bears these organisms into the finer bronchial network of the lung tissue, every mouthful of food carries the same organisms into the stomach and intestines, where they are absorbed by the mucous surfaces.

The third condition for putrefaction is the presence of water. Dried tissues, even if long since dead and freely exposed to the air, break up and are destroyed, but do not putrefy.

All three of these conditions occur so frequently together in injuries and operations, says Hueter, that septicæmic fever ought to be the most frequent of wound diseases. Whether this theory corresponds to practice we can only decide by keeping in view the conditions in which the septic poison can be absorbed under ordinary circumstances. Does the septic poison existing in solution find its way directly into the bloodvessels? It very probably does, for Bergmann has demonstrated the diffusibility of the poison. Even if we imagine the poison in molecular form, or combined with the organisms which excite putrefaction, we must allow the possibility of a passage of these molecular organisms through the walls of the vessels, since we could not suppose them to be larger than white blood corpuscles.

The real route which the septic poison takes in its absorption is the lymphatic system, or rather those spaces in the connective tissue which, according to the latest investigations, are nothing else than the origin of the lymphatic vessels. The conditions for absorption are under these circumstances, of course, the more favorable the greater the pressure to which the septic fluids are subjected; which in practice is a fact of great importance. Such an increased pressure is produced by an inflammatory reactive swelling of the tissues, by constricting fasciæ, tendons, muscles and bones.

Hueter lays down as clinical symptoms of septicæmic fever:—

1. Foul-smelling pus—for laudable pus, according to the author, never smells, is perfectly inodorous; in fact, microscopical examinations show that in all pus that smells the excitors of putrefaction, the *Monades* and *Vibriones*, are to be found, while in inodorous laudable pus they are wanting.

2. The surface of the wound is generally oedematous and the surrounding tissues in an emphysematous condition, the color of the neighboring skin varying, red, brownish, greenish, &c. The size of the wound re-

mains the same, or, as is often the case, the loss of substance continues, and often with great rapidity. This circumstance may have induced Maissonneuve to call such cases "*gangrène foudroyante*." After absorption of the poison the symptoms of general septicæmia appear.

3. As a rule, there is a sudden and continued increase of temperature. The pulse, at first very full and strong, becomes weaker towards the end; very considerable thirst and small appetite.

4. Chills do not generally occur in pure septicæmic fever.

5. The organs of sense are affected early. The patient becomes delirious, has little feeling in the wound; finally, sopor occurs, which is followed by death. Some cases run their course with symptoms of constipation, while in others most profuse choleraic dejections occur.

In regard to the course and progress of the disease, the author says that the majority run an acute course, and die mostly from the tenth to the twelfth day. If they take on a chronic character they may drag along for years. * * * * *

B. PYÆMIC FEVER.—*Pyæmic fever is produced by the reception of the constituents of pus into the blood.*

He divides pyæmia, first, into an immediate, direct, and, second, into a mediate, thrombo-embolic, or into simple and metastatic pyæmia. He calls those cases simple pyæmia in which one focus of pus alone exists.

The history of this disease is treated in detail, and still more so the chapter on the experiments which have thus far been made. Experiments were instituted for the purpose of answering certain questions, in order to learn the action of pus and its constituents when it is introduced into the body.

Such positive results as have been obtained by these experiments may be summed up in the following:—

(a.) Fluid pus, injected into the veins of animals, does not produce metastatic inflammations. (O. Weber.)

(b.) Fever occurs regularly after the injection, and indeed very soon. (O. Weber and Billroth.)

(c.) Fresh pus has, in addition to pyrogenous, also phlogogenous peculiarities.

(d.) The pyrogenous and phlogogenous substances of pus are (in part at least) contained in the pus serum. (According to Billroth, the phlogogenous and septic poison found in pus is of molecular nature.)

(e.) Metastatic abscesses are produced

in the lungs by the introduction of fragments of animal tissue into the veins and their transportation into the branches of the pulmonary artery. The development of these abscesses is not caused by the simple plugging of the branches of the pulmonary artery. (Virchow.)

(*f.*) Finally, O. Weber has proved experimentally that capillary emboli, i. e. the introduction of very small emboli into the lungs, are also sufficient to cause the development of large abscesses, and that the emboli can pass through the lungs and yet catch in other organs, and there cause metastatic abscesses.

The most important pathological-anatomical change in pyæmia multiplex is the occurrence of metastatic abscesses in the lungs. (In pyæmia simplex there is no change to be seen.) Their development from detached vein thrombi (the embolus theory of metastatic abscesses), their much more seldom occurrence in the spleen, liver and kidneys, the development of the so-called hæmorrhagic infarction, are reviewed at length, with citations from the works of Virchow, Waldeyer, Billroth and Panum, and the author's own experience.

It would carry us, however, too far to follow the author into the details of this subject, and I will therefore merely mention that Hueter considers the metastatic inflammations of the joints, of the serous membranes, of the cellular tissue, and of the parotid gland, to be caused by the general inflammatory disposition. He arrives at this conclusion by a process of elimination only; for, in fact, we have to-day no satisfactory explanation for these metastatic inflammations and suppurations, which occur otherwise so rarely.

ON THE ACTION OF THE DIFFERENT PRINCIPLES OF THE BILE ON THE ORGANISM.

By MM. FELTZ AND RITTER. Translated by A. SAGER.

THE action of the different organic elements of the bile upon the economy has always attracted the attention of physicians, and various experimental essays have been made to resolve the problem. Yet we are not aware that any thorough and comprehensive efforts have been made in that direction.

We have essayed to fill this hiatus in physiological research in presenting herewith the result of two years of investigation. Time will not permit us to enter into the details of the methods pursued in our re-

searches, and we regret the necessity of presenting only an aphoristic *résumé* of the results obtained. Hereafter we propose to publish a memoir on this subject, with all the necessary details.

Our experiments, some eighty at least in number, were made upon dogs, being careful always to procure a parity of physiological condition.

A. ACTION OF THE SALTS OF THE BILIARY ACIDS.

In the first series of experiments we employed the glycocholate and the taurocholate of soda, and a mixture of these salts in the proportion met with in the bile of the ox. We have ascertained that equal weights of these compounds yield very nearly the same results, only the influence of the quantity must be taken into very serious consideration. When introduced into the blood, these compounds are eliminated through the biliary secretion.

1st. With small quantities.—Injections of 4, 5 or 6 centilitres of liquid, containing 50, 60 or 70 centigrammes of either the glycocholate or the taurocholate, or a mixture of the two salts, at intervals of four days, caused after each experiment a depression of temperature of 1 or 2 degrees cent., a retardation of the pulse to one-fifth; frequently vomiting, sometimes slight nervous disturbance, but never any jaundice. The animals speedily recovered their normal condition, for all traces of the blood changes had disappeared in twenty-four hours. The urine contained no traces of either albumen or the coloring matter of the bile or blood; but indican was found in it. The urine was light, but contained a sufficient quantity of urea to yield an abundant precipitate of nitrate of urea, when treated with nitric acid.

2d. With medium dose.—Injections of 10 centilitres of liquid with 120 centigrammes of the biliary salts. Pulse and temperature as above, with convulsions and diarrhoea with sanguinolent dejections. The urine contained albumen with the coloring matter of the blood, but neither the acids nor the coloring matters of the bile; only occasionally indican was discovered. The animals recovered slowly; they refused to eat, but drank freely. Sacrificed on the fifth day, we discovered but slight modifications of the blood or of the liver. Neither the biliary acids nor coloring matters were revealed by an analysis of that fluid.

3d. With large quantity.—Injections of from 10 to 20 centilitres of fluid, containing from 2 to 4 grammes of the biliary salts,

were always followed, sooner or later, by the death of the animal, but always with the same symptoms—vomiting, retarded pulse, reduced temperature, epileptiform convulsions, various hæmorrhages, but no jaundice. The urine black, sanguinolent and albuminous, contained traces of the biliary acids, a little green coloring matter and indican.

The microscope enabled us always to discover in the blood acicular crystals of hæmatoglobulin identical with those obtained by mixing bile with a dog's blood, out of the body. We observed, also, in both cases, irregular granulations, whose appearance coincided with the solution of the globules, and the presence of albumen and hæmatin in the urine. An analysis of the blood the day following the injection revealed always a considerable quantity of the biliary acids, but when death was delayed these soon disappeared.

Conclusion.—The toxic action of the biliary acids appears to be abundantly demonstrated. It must, we think, be attributed to their solvent action on the globules of the blood. This action closely resembles that which our experiments have shown to result from the action of phosphorus and of arsenic.

B. ACTION OF THE DERIVATIVES OF THE BILIARY ACIDS.

1st. Injections of the Cholates of Soda.—The resulting phenomena closely approximate those of the preceding experiments, but the doses required were considerably larger, one gramme producing but a slight and transient effect. The urine contained very little of the coloring matter.

2d. Injections of Cholidic Acid and of Distysine in Alkaline Solutions.—Two grammes of these compounds were twice injected, with some interval, without sensible result; the urine contained no albumen, but much urea and a trace of coloring matter.

3d. Injections of Taurine.—Four grammes of this substance injected excited no reaction.

4th. Injections of Glycocol.—Four grms. of this likewise employed, with a like negative result.

C. ACTION OF COLORING MATTERS.

Four (4) grammes of *bilirubine* injected in divided doses in alkaline solution, produced only constipation and a slight icteric teint of the conjunctiva, which faded away in 24 hours; the urine was alkaline and without albumen; abundant urea indicated

by nitric acid; coloration doubtful. Indican appeared on the alternate days of the injection.

Three (3) grammes in a single injection yielded the same result, with the addition of a slight depression of temperature.

Eight (8) grammes of *biliprasine* injected in four doses produced obstinate constipation, subicteric teint; no albumen in the urine; very feeble reaction of coloring matters by nitric acid. Only after the fourth injection did indican appear. But even after the failure of nitric acid the presence of the coloring matters of the bile was shown by the use of a more delicate process.

A mixture of four grammes of *bilifuscin* and *bilihumine* behaved very like *biliprasine*; the urine yielded evidence of coloring matters by the nitric acid test. The blood was unchanged, and the substances introduced could with difficulty be detected.

D. CHOLESTERINE.

The introduction of this substance in a form to prevent action as a foreign body by precipitation, gives rise to no serious accident. Cholesteroline exerts therefore *per se*, no toxic action on the blood, but is capable of producing the phenomena of embolism. When the secretory action of the liver is arrested by injecting sulphate of iron in the ductus choledocus, cholesteroline accumulates in the blood. We found more than three grammes per 1,000, while under normal conditions it yielded but 928 milligrammes.

E. LIGATURE OF THE BILE DUCT.

Ligature of the ductus choledocus gave rise to very grave disorders. The animal always succumbed. The symptoms were both of a local and general character, the former due to the traumatism and the peritonitis, and the latter exhibiting in a marked degree the symptoms produced by the injection of the biliary salts. In both cases the blood changes were quite manifest. The microscope revealed the presence of acicular crystals of the hemato-globulin, as well as the granules before mentioned; chemical analysis enabled us to detect variable proportions of the bile salts, while the normal blood, as previously ascertained by the process of Newcomm, contained not a trace of them. The fatty matters were augmented, but the bile pigments not accurately determined. On the second day the urine contained albumen; on the fourth we detected the presence of hemato-globulin by the spectroscope, while but twice did we observe slight traces of the biliary acids.

To enumerate in this place the cases in

which we have found chemical confirmation of the data furnished by these experiments would require more time than we can devote to it at present. They will be indicated in a future memoir containing all the details relative to these researches.—*Jour. de l'Anat. et de Phys. Mich. Univ. Med. Jour.*

DEATH FROM CHLOROFORM.

We make the following selection from the proceedings of the Cincinnati Academy of Medicine, Oct. 17, 1870, as reported in the *Philadelphia Medical and Surgical Reporter*.

Dr. W. W. Dawson reported a case under his charge at the Cincinnati Hospital, of death from chloroform.

Bridget Henry, æt. 30 years; housewife. Had hæmatodes of the foot, and after a consultation Dr. W. proceeded to remove the foot by Syme's operation. Just as the foot was removed, the alarm was sounded that respiration had ceased. All of the usual means of resuscitation were resorted to without avail. About 75 minims of chloroform were used in all. Autopsy showed fatty degeneration of the heart.

Dr. Dawson then remarked upon the general good condition of the patient at the time of operation. There was no irregularity of the pulse. Her previous history disclosed a rather irregular life, and she stated that she had once had dropsy.

Dr. D. further remarked upon the severity of her suffering, and the justification of the operation, and spoke of the comparative ease with which she passed under the influence of chloroform, and of its mode of administration, stating that it was not more than three minutes before danger was proclaimed. The death was sudden; there was no stertor nor gasping. The cessation, as noticed by the resident physician administering the drug, was sudden and complete. From these facts he regarded it as a death by paralysis of the heart.

Dr. D. then spoke, in detail, of the various alleged causes of death, and reports three other cases as having occurred in this city.

The first was a lady in the office of Drs. Meredith and Sexton, Dentists. This occurred in 1848.

The second occurred in the practice of Dr. Krause, an oculist of this city, in 1860.

The third in the Cincinnati Hospital, in a patient of Dr. T. Wood, being operated on for fistula in ano.

The present, the fourth, is the fourth in

Cincinnati since 1848, the period of its (chloroform) introduction here.

Dr. D. further mentions the details of some five or six other unpublished cases in this vicinity made known to him, and concludes with expressions of the profound sorrow which the unfortunate operator experiences in all such cases.

Dr. Ludlow reports an additional death as having occurred in the hands of Dr. Blackman at the Cincinnati Hospital, in a case of abscess of the thigh. Chloroform was given in a sponge.

Dr. Carson considered this patient (Dr. Dawson's) as having been in a vulnerable condition from the great amount of pure fat everywhere, and from the extent of the local fatty degeneration, and speaks further of the fluidity of the blood as indicative of nervous depression.

Dr. Muscroft advocates the practice of administering food previous to the inhalation of chloroform, as the system is better fortified; even if vomiting ensues the danger is not so great.

At a subsequent meeting of the Academy (Oct. 24th, 1870) the discussion on chloroform was continued.

Dr. Thornton spoke of the melancholy character of a death by chloroform, not only from the loss of life, but from the danger to the reputation of a valuable remedy. The great physician is he who carefully selects his cases. The speaker was surprised to hear that gentlemen did not think it necessary to examine cases thoroughly before administering chloroform.

He thinks it now a settled fact that death occurs either from the heart or lungs, and a careful analysis of their condition would often preclude an accident. A quotation from Sansom was cited to this effect.

Dr. Stuart, of Fayette county, Ohio, was here introduced by Dr. Dawson. He reported the case of Mrs. Garrus, to whom chloroform was administered in a dentist's office by Dr. Wilson.

She had frequently taken chloroform in labor when attended by Dr. Stuart, and always with safety. On this occasion she was not brought under the full influence of the drug. After the extraction of the tooth her head fell to one side, the pulse became rapid, small and quick, and the breathing stertorous. She was immediately removed to a sofa, where, in spite of all the usual efforts at reanimation, death speedily ensued.

Dr. Stuart also reports the case of a boy whose arm was mutilated by machinery. At first, on account of the evident collapse

of the patient, he refused to administer chloroform. Having employed a few drops carefully, and ascertained that the pulse gained in force and tone, he proceeded to full anæsthesia, and the amputation of the arm was successfully performed.

Dr. C. O. Wright spoke of the interval which elapsed between the administration of the chloroform and death in the case of Dr. Wood. Dr. W. made some remarks upon the vitiated atmosphere of hospital amphitheatres, a circumstance apparently neglected in this discussion. In army practice, where the drug was mostly given in the open air, and often recklessly administered, no case of death, to his knowledge, had been reported.

Dr. Gobrecht denied that it was administered in the service without due precaution. In this he was corroborated by Dr. Conner, who said that there are at least eight cases of death on record at the office of the Surgeon-General. Dr. C. further spoke of the increased liability to death from habits of intemperance; probably from fatty degeneration of the heart.

Dr. Unziker spoke of the impurity of the chloroform used as, perhaps, a frequent cause of death. He stated that Squibb's was the best.

Dr. Dawson stated that Squibb himself lost a case a few days ago with his own preparation.

Dr. Gobrecht spoke of some experiments having been made by Dr. Boynton in a scientific lecture. It was there shown that ether contains oxygen as one of its ingredients; when decomposed in the blood this would be eliminated. Chloroform was considered more dangerous as containing no oxygen.

Dr. Dawson spoke of the various modes of administering chloroform, and remarked that death had occurred in all. He urged the necessity of the closest attention on the part of the administrator.

Dr. Muscroft claimed that organic disease of the heart could not be a contraindication to the use of chloroform, as the late Dr. George Fries, who died of heart disease, was in the habit of inhaling it frequently with impunity. He would place a small quantity on the corner of a towel—insert it into the mouth and slowly inhale it—until narcosis ensued.

Dr. Thornton claimed that we do possess valuable knowledge as to the cause of death. It is either from paralysis of the heart or suppression of respiration. Dr. T. spoke of the immunity from danger in labor cases, as explicable by the increase of the circula-

tion pre-existent, which prevents an arrest of the heart's functions. Valvular disease is not so much a contraindication as fatty degeneration, which impairs the heart's power. This condition, too, is not of very difficult recognition.

Dr. M. B. Wright spoke of the various modes of death as being founded on mere speculation. It was impossible to predict where it will prove dangerous. Dr. W. spoke of the idiosyncrasies of many patients to its action, and referred to a case of puerperal eclampsia, in which its first effects were attended with dangerous manifestations, while afterward under its continued administration the convulsions entirely ceased. Dr. W. concluded by remarking, that, use all the precautions we may in administration and diagnosing our cases, occasionally we would lose patients by the administration of chloroform. It looked hard to come to this conclusion, but he recognized it as a fact, and did not hesitate to express his convictions.

Dr. Dawson remarked upon the internal and external methods of inducing anæsthesia. The external as by ether spray is of limited application, as Richardson, its inventor, admits. A few years ago, however, a surgeon in Baltimore performed ovariotomy under this means, and, as is claimed, without pain. It has been found, however, of limited range.

The statistics of death by chloroform internally are appalling. A gentleman from Chicago states that he has collected cases of death by ether, one in 23,000; by chloroform, one in 2,800; and of the mixture of the two, one in 6,000.

Richardson's statistics from eight or ten provincial hospitals, show, up to 1864, 17,000 cases exhibited without a death; from 1864, 7,500 cases and eight deaths. From all sources death averages one in 3,500 cases.

Dr. D. spoke at length respecting the various modes of its administration, remarking that it is claimed that deaths are about equal in all. As to the predisposition, which a fatty heart favors, as intimated at the last meeting, the difficulty of its recognition is shown by the fact that symptoms of the most opposite nature are alleged as characteristic of the disease; as to the immunity secured by food taken before the drug is administered, the speaker remarked that it is only the food which is already digested, which can be of use in fortifying the system. At least three hours should intervene between taking the food and administering the chloroform.

Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 30, 1871.

CONSERVATISM IN ARMY SURGERY.

THE editorial columns of a recent number of the London *Medical Times and Gazette* contained statements bearing upon the relative advantages of amputation at the shoulder-joint and excision of the head of the humerus in military practice. The writer believed that the doubts which had been entertained and expressed by eminent American surgeons as to the propriety of conservatism in cases permitting consideration, were met by the results attained by the army surgeons, as shown by the statistics published in Circular No. 6, Surgeon-General's Office, and says:—

"It is creditable to the surgery of that war that resections were more numerous than the complete amputations of the shoulder-joint—575 instances of the former operation and 458 of the latter have been recorded. * * * In 36 instances of gun-shot fracture of the head of the humerus selected as favorable cases for the expectant plan and treated without excision or amputation, 16 died, or 44.4 per cent., a ratio in favor of excision of 11.9 per cent."

The writer could not have been aware that many of the largest army hospitals would compare favorably as to professional attendance, hygienic influences and supplies with some of our best civil hospitals, and in no respect differed from them save that the latter were not under military control. In some, the attendance was from gentlemen who held appointments in both military and civil hospitals, and there was hardly one of the latter in the country that did not have its representatives in general hospital if not in field service. This fact is too important to be overlooked, for it certainly must have had an influence in lessening the mortality after operations, and the success of excisions under these circumstances was admitted and so expressed by one of the authorities quoted by him as in favor of the more radical treatment. In reference to the cases treated by the expectant plan, he states the ratio in favor of ex-

cision, but does not add that in favor of amputation, which was 5.16 per cent. We believe that reliance has been placed upon the statistical information contained in the Circular to the exclusion of a just consideration of the conditions under which the results were obtained. As corroborative of the above, we append an extract from the concluding observations in the report on excision of the head of the femur, published in Circular No. 7, a more recent issue:—

"If the question as to the most eligible treatment was susceptible of a purely arithmetical solution, it might readily be computed that in eighty-five cases of excision the mortality was 90.6 per cent.; that in one hundred and eighty-three amputations it was 90 per cent., while one hundred and twenty-two cases, treated on the expectant plan, gave a fatality of 93.4 per cent., and concluded dogmatically that operative interference was always indicated, and that amputation was preferable to excision. But the variety of the conditions under which these patients were placed, the diversity in the extent of their injuries, and the inevitable imperfection of all surgical records, forbid any such rigorous comparison. In order to attain just conclusions it is necessary to analyze the different categories of injuries, to weigh the opinions of careful and candid observers, and to avoid an undue reverence for naked numerical returns."

NAVAL RANK—THE QUESTION FINALLY DISPOSED OF.

At last the conference committees of the two Houses, after much discussion, adopted a series of resolutions which establish the position of the staff officers. The bill has passed, and is now a law. We understand that it is perfectly satisfactory to both line and staff officers in the Navy. It is as follows:—

"The Medical Corps is to consist of fifteen medical directors, who shall have the relative rank of captain; fifteen medical inspectors, who shall have the relative rank of commander, and fifty surgeons, who shall have the relative rank of lieutenant commander. All of the foregoing to have the present pay of surgeons. Passed assistant surgeons, who shall have the relative rank of lieutenant or master, and one hundred assistant surgeons, who shall have the relative rank of master, with present pay and emoluments of assistant surgeons, provided

that assistant surgeons of three years' service, who have been found qualified for promotion by a medical board of examiners, shall have the pay of passed assistant surgeons, as now provided, and that no person under twenty-one or over twenty-six years of age shall hereafter be appointed an assistant surgeon. * * *

"The staff grades above mentioned shall be filled by appointment from the highest members in each corps, according to seniority, and new commissions shall be issued to the officers so appointed, in which commissions the titles and grades shall be inserted, and no existing commission shall be vacated in the said several staff corps, except by the issue of new commissions, and no officer shall be reduced in rank or lose seniority in his own corps by any change which may be required under the act; and the officers of the medical, pay, and engineer corps of the navy, chaplains, and naval constructors shall take precedence in their several corps, and with officers of the line with whom they hold relative rank in their several grades, and according to length of service in the navy: *Provided*, That in estimating the length of service for this purpose, the several officers of the medical, pay, and engineer corps, chaplains, and the naval and assistant constructors, shall respectively take precedence in their several grades, and with those officers of the line of the navy with whom they hold relative rank, who have been in the naval service six years longer than such medical, pay, or engineer officers, chaplains, or constructors have been in said service: *And provided further*, That in estimating such length of service officers who have been advanced or lost numbers on the navy register shall be considered as having gained or lost length of service accordingly: *And provided further*, That chiefs of bureaus shall be appointed from persons having the relative rank of captains in the staff corps of the navy on the active list: *And provided further*, That no staff officer shall, in virtue of his relative rank or precedence, have any additional right to quarters. Officers of the medical, pay, and engineer corps, chaplains, and also constructors, who shall have served faithfully for forty-five years, shall, when retired, rank with commodores; and officers of these several corps, who have been or shall be retired at the age of sixty-two years, before having served for forty-five years, but who shall have served faithfully until retired, on the completion of forty years from their entry into the ser-

vice, shall also from that time rank with commodores and officers of the medical, pay, and engineer corps; chaplains and also constructors, who have been or shall be retired for causes incident to the service, before arriving at sixty-two years of age, shall have the same rank on the retired list as pertained to their position on the active list: *Provided, however*, That nothing shall be construed to increase the pay now provided for said several staff officers. The chiefs of the bureaus of medicine and surgery, provisions and clothing, steam engineering, construction and repair, shall rank with commodores while holding said position, or if heretofore or hereafter retired therefrom by reason of age or length of service, they shall rank with commodores, with pay as now provided by law, and shall have respectively the title of surgeon, general paymaster, general engineer in chief, and chief constructor: *Provided*, That when the office of chief of bureau is filled by a line officer below the rank of commodore, said officer shall rank with commodores during the time he holds said office: *And provided further*, That the pay of chiefs of bureaus in the Navy Department shall be the highest pay of the grade to which they belong, but not below that of commodore. It is expressly provided that commanding officers of vessels of war and of naval stations shall take precedence over all officers placed under their command, and that the Secretary of the Navy may, in his discretion, detail a line officer to act as aid or executive to commanding officers of vessels of war and of naval stations, who, when not impracticable, shall be next in rank to such commanding officers, and who, while executing the orders of the commanding officer on board such vessel or at such station, shall take relative rank over all officers attached to such vessel or station, and orders of such executive officer shall be regarded as proceeding from the commanding officer, provided that such executive officer shall have no independent authority in consequence of such detail, and that a staff officer superior in rank to such detailed officer may communicate directly with the commanding officer.

There is also a section providing that on courts martial, courts of inquiry, &c., line and staff officers shall take precedence according to rank.

Another section provides that an officer who has served as the chief of a bureau shall not go to sea again.

CHLOROFORM POISONING.—After this week we shall not publish the details of these frequently-occurring cases which may appear in other journals, but merely give the name and date of the journal where they may be found.

FRENCH SURGERY DURING THE SIEGE.—So far as I can learn, the French surgeons in the early days of the siege, when the conditions were favorable, were earnest in the pursuit of conservative surgery. One of the leading advocates for this system has been Dr. Mosetig, of Vienna, attached to the international society's organization, and he had great success, especially in the early days of the siege. But as that siege progressed, times changed. Circumstances became unfavorable to the recovery of wounded men under any surgical conditions; wards became impregnated from long use with hospital taint; rations were bad; the men were physically "bad subjects." True, it was possible still in some favored lazarettes to pursue conservative surgery. There ventilation was good; patients were comparatively sparse; there was a large allowance of cubic space of air; and the attendants spared no pains to destroy any mysterious taint so noxious after operations. A most favorable example of a pattern lazarette is that kept up by Mr. Wallace, and supervised by Dr. Cormac, where the sanitary conditions were maintained in thorough efficiency with hardly any regard to expense. But all the receptacles for the wounded manifestly could not share this good fortune. There were crowded and long-occupied wards, generating pyæmia, gangrene and erysipelas; there were overworked orderlies; and there was food of a character inevitably tending to the impoverishment and vitiation of the blood. These conditions presented but a poor field for the successful practice of conservative surgery. Let me take two examples of conservative surgery, operations for success in which one of the most distinguished of our British surgeons, Sir William Fergusson, is justly celebrated. I refer to the excision of the knee and elbow-joints, and the establishment of a juncture between the parts on either side of the excised joints. The value of such an operation successfully consummated is immense; and, under favorable conditions, with skill in the operator, a fair bodily condition in the patient, and sedulous after-attention, such an operation is successful in most cases to a pitch of

which our ancestors did not dream. But when the ward is malarious with those taints which poison raw flesh-surfaces; when the patient is both low in habit at the time of the operation, and good nourishment is not afterwards obtainable; and when the dressing and attendance is not scrupulously careful, it is obvious that the circumstances are altered. The surgeon has to consider the practicability of diminishing the risk to the lowest possible minimum. When he excises a joint and attempts a juncture, he has two flesh surfaces patent to the taint; the dressing is complicated, and the demand on the vital energy that stimulates the healing power is probably larger. On the other hand, when he amputates he exposes but one surface, and the other risks are smaller in every way. It was by argument based on these facts that toward the end of the siege conservative surgery was gradually abandoned, except in very favored localities. I fear the success of the operating surgeon has been in no case encouraging. It is hardly in the nature of things that it should have been so. When scientific men give to the world the results of their surgical experience of the siege of Paris, the communication cannot fail to be interesting and instructive. From all that I can learn, matters would have been worse than they have been, had not all the victualling, medical and surgical arrangements been in professional hands, instead of being left to the Intendance. Probably in the history of modern organizations there is no greater instance of stupendous and abject failure than the French Intendance. If it failed miserably in its obligations to the fighting-men, it is not to be thought that its functions would have been more efficiently performed in attending to the sick and wounded. This war has snuffed out the French Intendance. If there are any adaptations or copies of it in other countries, let their administrators take warning by the abject collapse of their pattern.—*London Daily News.*

DEATHS FROM CHLOROFORM.—Dr. Blodig, Prof. of Ophthalmology at the Eye Infirmary at Gratz, relates an interesting case of death under chloroform. The subject was a lad, aged 11, who, two or three weeks before, had wounded his eye with a knife, giving rise to cataract and dislocation of the lens, together with adhesion of the inflamed iris. It was resolved to remove the lens and perform iridectomy, and, with this intention, chloroform (the good quality of which had been tested in numerous other

cases) was administered, about two drachms being employed. The operation required more than usual care and time, owing to the constant movement of the head on the part of the patient. While the dressing was being applied, the lad was observed to make several rapid respirations, and then to cease breathing. The pulse could not be felt, and the pupil of the other eye was unusually dilated. Artificial respiration and various other means were resorted to, with the effect, at first, of restoring some respiratory movements at longer or shorter intervals, the pulse also being felt again weakly beating, and the face recovering some of its color. A collapse then suddenly set in, and, after three-quarters of an hour further effort, all hope was abandoned. A post mortem, carefully performed, failed to exhibit any peculiarity. Prof. Blodig thinks that the following points are noteworthy in the case: 1. The small quantity of the chloroform used. 2. The incompleteness of the narcosis produced, as evidenced by the frequent movements of the head during the operation. 3. The continuance of respiration after the completion of the operation, and certainly six or eight minutes after the cessation of the inhalation. 4. The return of deep inspirations and the color of the face and lips during the attempts at reanimation. 5. The absence of any explanatory appearance at the autopsy. —*London Med. Times and Gazette*, Feb. 25, 1871, p. 126.

Death from Chloroform in the Edinburgh Royal Infirmary.—We regret to announce a death from chloroform in the Royal Infirmary on Friday of last week. The patient had been admitted under the care of Dr. Gillespie for dislocation at the shoulder-joint, which was being reduced when the fatal occurrence took place. At the examination which was made after death, no organic lesion of any organ was discovered. This is, we believe, only the second death from this cause which has occurred in the Infirmary since the introduction of chloroform. —*Brit. Med. Jour.*, Mch. 11, 1871.

FRACTURE OF NECK OF FEMUR, WITH INVERTED FOOT. By A. S. HUDSON, M.D., Stockton, Cal.—Some years ago, while I was teaching medicine in the Iowa University, a man was brought to the infirmary of that institution, disabled. He was not fleshy, but compact and muscular. Overburdened by intoxication, he had fallen down a flight of stairs.

On examination, the left foot was found

lying across the right instep, the toe strongly inverted, knee slightly bent, and the leg immovably fixed on the hip, with little or no shortening. The first diagnostic thought was a fracture of the neck of the femur; but the position and direction of the limb, and its immobility, led my colleagues and myself to the conclusion it was a dislocation. But, then, where was the head of the bone? None could tell. It could not be found. However, in profound uncertainty, we resolved to make an effort to reduce a suspected dislocation.

The patient under chloroform, and the pulleys well applied, firm traction was made; whereupon the limb straightened, with extra freedom of motion, and disclosed unmistakable crepitus, with a tendency to eversion of the toe. The difficulty was solved. It was now plainly a case of fracture of the neck of the femur, with impacted fragments. The impaction simulated certain features of dislocation, and concealed decisive evidence of fracture.

The chief object of this communication is not to give information, but as a contribution to surgical records, to report a case of this fracture presenting marked *inversion* of the toe. Hamilton says: "In sixty cases of fracture of the neck seen by Cloquet, the foot was never turned in; and Boyer never met with an example in all his immense experience; but Langstaff, Guthrie, Stanley, and Cruveilhier, have each seen one example;" and Hamilton one. —*Pacific Med. and Surg. Jour.*

To the above account of a very rare lesion, we would add that Dr. Bigelow, in his work on "The Hip" (p. 128), gives an interesting description of a case observed by him, and verifies his diagnosis with a plate representing the condition of that portion of the bone involved by the fracture after union had taken place.

From the Report of the Resident Physician of the Massachusetts General Hospital, for the year 1870, we learn that the number of patients admitted to the hospital from January 1, 1870, to January 1, 1871, was 790 males, 512 females—total, 1302. Discharged during the year—well, 780; much relieved, 120; relieved, 183; not relieved, 65; not treated, 68; dead, 85; insane and eloped, 16. Total, 1317. Proportion of deaths to the whole number of results, 6.45 per cent. Number of patients received on account of accident, 140.

Eight thousand seven hundred and sixty-seven (8,767) persons have been treated as

out-patients, not remaining in the hospital, but receiving advice, medicine, surgical attendance, and dental treatment. Of these, 4,781 were medical cases, and 2,192 surgical. 638 were treated for skin diseases; 170 for fractures and dislocations; 158 for lacerated and incised wounds; 201 for abscess; 93 for felon; 33 for hernia; and 203 for contusions and sprains. 3,905 were males; 4,862 were females. 4,545 were Americans; 4,222 were foreigners. 5,937 were residents of Boston; 2,830 of other places near the city.

A VEHICLE FOR THE INTERNAL ADMINISTRATION OF CHLOROFORM. By G. W. MURDOCK, M.D., Cold Spring, N. Y.—The want has been felt by many physicians of a good vehicle for the internal administration of chloroform. Several formulæ have been devised to meet this, but none, that I have seen, do so perfectly. Some are of difficult preparation; others contain sulphuric ether, which is objectionable, and all contain too little chloroform for convenience.

I have lately been using a solution of chloroform in glycerine, which answers the purpose so completely as to leave little to be desired. By a little care in rubbing it up, one part of chloroform by bulk can be dissolved in three of glycerine. This solution is perfectly clear, is bland to the taste, and has but a slight odor of chloroform.

As glycerine is acceptable to almost every stomach, it admits of a wide range of application. It can be taken readily as it is, or can be diluted with water to any extent, without disturbing the solution. Curiously enough, the addition of water immediately increases the smell of chloroform without any precipitation of it. In preparing it, it is best to take one part of chloroform with two parts of glycerine, add the chloroform very slowly, and rub up carefully. Then put it in a bottle, and let it stand twenty-four hours. A little chloroform will have deposited at the bottom. Separate this, and rub it up with the third part of glycerine, then mix it with the rest, and the solution is complete. No further separation will take place. Six ounces of glycerine with two of chloroform will give seven fluidounces of the solution, so that each fluidrachm contains about seventeen M. of chloroform.

From the faint odor of the prepared solution I judge that the glycerine protects it almost entirely from evaporation, although some slight loss may occur while preparing it, which it is well to make allowance for.

I have used only Squibb's chloroform

and pure article of glycerine, and cannot say how inferior grades may answer.

Having used it in a large variety of cases with entire satisfaction, I can confidently recommend it to others.—*American Jour. of Pharmacy.*

ALMOST COMPLETE SEVERANCE OF THE BODY WITHOUT A BREAK IN THE SKIN.—R. A., aged nineteen, a telegraph clerk, was seen near Camden Road Station at 11.50 on the night of Saturday, June 26th. He was then sober, had over two pounds of money in his possession, and stated his intention of going to Euston Square by the 11.56 train. Although he was known to the officials, and there were very few passengers, no one saw him get in at Camden Road, or get out at Euston Square. The ticket-collector also said that he should have recognized him at once had he been in the train. The train after discharging at Euston, was backed into a shed; and, as two shunters, who had performed this duty, were returning along the line which the train had just passed over, they found R. A. lying on his back just inside the station, straight across the outer rail, with his head between the rails, and his hat tilted over his eyes. He was alive when found, but died in a few minutes. The body was at once brought to University College Hospital. It was clothed in a long jacket, waistcoat, and trousers, of thick, coarse cloth, on which the marks of the carriage-wheels were plainly visible. Only a few pence were found in his pockets. There was not the smallest wound on the body, and only a few abrasions of cuticle across the abdomen. After some hours, pretty extensive ecchymoses appeared. On opening the abdomen, all the abdominal muscles were found completely cut through horizontally, retracted, and curled up, leaving a gap five or six inches wide. The back muscles were in the same condition. The right kidney was cut in half. The transverse colon and a large piece of the ilium were lying free in the abdomen; and the body of the third lumbar vertebra was crushed literally to powder; everything was divided except the skin. The rest of the body was healthy.—*Medical Times.*

A MODIFIED OPERATION FOR VARICOCELE.—Dr. Dubrueil proposes (*Bull. Gén. de Thérap.*) a modification of Vidal's operation of twisting the veins by means of silver

wires in varicocele (*enroulement*), by which he thinks that clots are formed and danger of phlebitis avoided. He proceeds in the following manner. Instead of using two silver wires, as Vidal directs, he uses one of silver of considerable strength, and another, much thinner, of platinum. These being passed so as to enclose the veins, he makes the usual twist; then he places the two ends of the platinum wire in the clamps of Gréne's pile, as near as possible to the integument, and the wire being heated, cauterizes the veins. Then he fixes the ends of the wires in the usual manner. M. Dubruel uses one platinum wire in preference to silver, as the former requires less strength of the battery than the latter, and there is some difficulty in heating the wire, as it is bathed in blood. M. Dubruel reports the case of a young man who was thus treated for a varicocele, and states that the pain was not greater than in the ordinary operation. At the end of eight days the wire was withdrawn, and the cure was effected in three weeks.—*Medical Gazette*.

CANTHARIDINATE OF POTASSA.—In a recent number of the *Journal de Chimie Médicale* M. Delpeche calls attention to the defects of the ordinary preparations of cantharides; the proportion of the active agent, or cantharidin, varying, the presence of fatty or oily substances sometimes causing the absorption of a dangerous poison, and the resin or turpentine employed in the composition of the plaster being an unnecessary irritant. In place of this he recommends the *cantharidinate of potash*, which is of very stable composition—has no odor, and possesses a vesicant action in a high degree. He recommends, as the best formula for the plaster, gelatine, 2.09 parts; water, 10 parts; alcohol, 10 parts; cantharidinate of potash, 0.20 parts; glycerine, 9.05 parts. The mass should be equally spread on thin gutta-percha, a definite quantity being present in each square inch.—*Medical Record*.

DR. THUDICUM'S EXPERIMENTS ON URINE.—Proust obtained acetic acid from urine. It was also obtained by Liebig from putrid urine, and believed by him to be a product of decomposition of the coloring matter. Dr. Thudicum does not only enumerate acetic acid as a product but also formic. Formic acid, he says, has repeatedly been found to be an ingredient of human urine,

but it had been declared an accidental product of the intentional ingestion into the stomach of certain substances, which, by decomposition in the economy, yield that acid. The author then describes the process by which he gets a pitchy resin, urochrome left in a retort, the distillate from which contains the volatile acids:—hydrochloric, benzoic, acetic and formic. The author found a difficulty in separating the formic and acetic acids. In short, the process of fractional crystallization failed entirely to yield any pure product after the preponderance of acetic acid had ceased, and even the use of alcohol did not effect that neat separation of formiate (insoluble) from the acetate (soluble in alcohol), which is advised in handbooks, as if it were a fact. The acetate was found to hold the formiate in solution even in alcohol, or to fall with it from more concentrated solutions. The barium salt was tried with a similar result; barium acetate and barium formiate are isomorphous, and cannot be separated from each other by crystallization in mixtures, in which the atoms of formiate rise to more than one-third of the amount of atoms of the acetate.—*Dublin Press and Circular*.

THE ALUMNI ASSOCIATION OF THE MEDICAL DEPARTMENT OF THE NEW YORK UNIVERSITY.—The Executive Committee of the Alumni Association of the Medical Department of the University of the City of New York purpose the publication, at the earliest possible date, of a complete catalogue of the graduates from that institution since its foundation. The records of the Faculty having been destroyed in the burning of the college building some years ago, this project is one that should be seconded by every one of the alumni, of whom between two and three thousand are scattered throughout the United States. It is earnestly requested that each of these will without delay forward for enrolment his full name and post office address, with his professional history, including date of graduation, posts of honor and trust held, &c., and also any information which he may possess concerning former class-mates who have since died or retired from practice. Communications should be addressed to the Secretary, Chas. Inslee Pardee, M.D., 72 West 35th street, New York.

ACCORDING to Dr. Julius Sander, of the Royal Charity, Berlin, *emboli* and *thrombosis* frequently give rise to aphasia.

Medical Miscellany.

TO A YOUNG PHYSICIAN.

By JOHN G. WHITTIER.

The paths of pain are thine. Go forth
With healing and with hope:
The suffering of a sin-sick earth
Shall give thee ample scope.

Smite down the dragons fell and strong,
Whose breath is fever fire:
No knight of fable or of song
Encountered foes more dire.

The holiest task by heaven decreed,
An errand all divine,
The burden of our mortal need
To render less is thine.

No crusade thine for cross or grave,
But for the living man.
Go forth to succor and to save
All that thy skilled hands can.

Before the unveiled mysteries
Of life and death, go stand
With guarded lips and reverent eyes,
And pure of heart and hand.

So shalt thou be with power endued
From Him who went about
The Syrian hill-paths, doing good
And casting devils out.

That holy Helper liveth yet,
Thy friend and guide to be;
The Healer by Genesaret
Shall walk the rounds with thee!

[Theodore Tilton's Golden Age.]

THE NATIONAL MEDICAL MEETING.—The meeting of the American Medical Association will take place in San Francisco, on Tuesday, May 2d. Subjoined is the arrangement for travel, as already announced in a former number: From Chicago to San Francisco, going and returning, for accredited delegates and their families, half-fare. By steamer, via Panama, a reduction of one-third will be made from the first-cabin fare. The arrangement will be in force for sixty days before, and thirty days after, the meeting.—*Pacific Med. and Surg. Journal.*

HOSPITAL APPOINTMENT.—We are pleased to learn that our cotemporary, Dr. Dawson, of the *American Journal of Obstetrics and Diseases of Women and Children*, has been appointed one of the attending physicians of the New York State Women's Hospital.

THE coroner's jury yesterday returned a verdict, at Westfield, that the death of Mrs. Friedrich Kurtz was caused by abortion procured by Dr. G. G. Tucker, a respectable physician of that town.

In recording the above, from the *Boston Post*, we hope that Dr. Tucker, who is a member of the Massachusetts Medical Society, will be able to justify his action.

TESTING THE PURITY OF HYDRATE OF CHLORAL.—The purity of hydrate of chloral may, it is said, be tested by means of a concentrated solution of potash. The pure hydrate does not color this at all, or at most only a feeble yellow, and

gives forth the pure smell of chloroform. Should the liquid assume a brown color, and the smell of chloro-acetic acid be combined with that of chloroform, or should gases of a pungent odor be developed, which, is not seldom the case, the product is impure and unfit for use.—*Med. and Surg. Reporter.*

BOOKS AND PAMPHLETS RECEIVED.—Minnesota as a Home for Invalids. By Brewer Mattocks, M.D., President of the Board of Health, St. Paul, &c. Pp. 200. For sale by James Campbell, Boston.—The Wasting Diseases of Infants and Children. By Eustace Smith, M.D. London, &c. Second American Edition. Philadelphia. Pp. 266. For sale by James Campbell, Boston.—Insanity and its Treatment: Lectures on the Treatment, Medical and Legal, of Insane Patients. By G. Fielding Blandford, M.D. Oxon., &c. With a Summary of the Laws in force in the United States on the Confinement of the Insane. By Isaac Ray, M.D. Philadelphia. Pp. 471. For sale by James Campbell, Boston.—Catarrhal and Croupous Inflammation of Mucous Membranes. By Samuel G. Armor, M.D., Professor of the Principles and Practice of Medicine, &c., in Long Island College Hospital, Brooklyn, N. Y. Pp. 12.—Transactions of the State Medical Society of Michigan, for the year 1870. Pp. 150.—Anesthetics. By Edward Squibb, M.D., of Brooklyn, N. Y. Read before the Medical Society of the State of New York. Pp. 30.

MARRIED.—In Auburn, N. Y., 23d inst., Dr. Francis H. Brown, of Boston, to Mary S., daughter of Charles G. Wood, of A.

DIED.—At Charleston, S. C., 3d inst., John T. Cole, M.D., of Newburyport, a member of the class of 1860, Harvard University, 29 years 10 mos.—In South Boston, March 21, Sarah Frances, wife of Dr. John S. H. Fogg.

Deaths in eighteen Cities and Towns of Massachusetts for the week ending March 25, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	80	Consumption 44
Charlestown	8	Pneumonia 21
Worcester	11	Scarlet fever 11
Lowell	18	Croup 8
Milford	4	
Chelsea	3	
Cambridge	6	
Salem	10	
Lawrence	12	
Springfield	2	
Lynn	9	
Gloucester	4	
Fitchburg	5	
Newburyport	4	
Somerville	3	
Fall River	10	
Haverhill	2	
Holyoke	4	

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GEORGE DERBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, March 18th, 80. Males, 48; females, 32. Accident, 2—apoplexy, 1—aneurism, 1—inflammation of the bowels, 2—bronchitis, 3—congestion of the brain, 1—disease of the brain, 6—cholera infantum, 1—consumption, 17—convulsions, 2—croup, 2—debility, 1—dropsy of the brain, 1—scarlet fever, 5—typhoid fever, 1—disease of the heart, 7—congestion of the lungs, 4—inflammation of the lungs, 6—marasmus, 3—neuralgia, 1—old age, 4—paralysis, 1—peritonitis, 1—puerperal disease, 1—scrofula, 1—disease of the spine, 1—tumor, 1—unknown, 3.

Under 5 years of age, 25—between 5 and 20 years, 9—between 20 and 40 years, 20—between 40 and 60 years, 11—above 60 years, 15. Born in the United States, 61—Ireland, 21—other places, 8.

GRIMAULT & CO.'S PHARMACEUTICAL PRODUCTS,

Prepared with the most scrupulous care, under the immediate supervision of Prof. Leconte, M. D. Pharmacist of the First Class, Ex-Preparator of the course of Physiology, at the College of France.

E. FOUGERA, New York, General Agent for the U. S.

GRIMAULT'S MEDICINAL PEPSINE.

IN POWDER.

The therapeutical value of this Pepsine in all disorders of the stomach, resulting from the inability of this organ to digest and assimilate food cannot be over estimated. It is used daily with great success in *Dyspepsia, Slow and Difficult Digestion, Gastralgia, Debility of the Stomach*, from old age or from abuse of liquors, and in *Vomiting during Pregnancy*.

Physicians will please notice that GRIMAULT'S PEPSINE may always be relied upon. Its digestive power, being physiologically tested by Mr. Leconte, late assistant to Claude Bernard, is always the same.

DR. LERAS' PHOSPHATE OF IRON,

In Solution, Syrup or Sugar Coated Pills.

A pleasant combination of Pyrophosphate of Iron and Soda, colorless and tasteless. It is readily assimilated and used with great success in *Chlorosis, Anemia, Dysmenorrhoea, etc.*, replacing all other ferruginous preparations. It never causes constipation.

SYRUP OF HYPOPHOSPHITE OF LIME,

DR. CHURCHILL'S PRESCRIPTION.

Prescribed by the most distinguished physicians for *affections of the lungs, Phthisis, etc.* Each tablespoonful contains two grains of the pure hypophosphite.

Also Syrup of Hypophosphite of Soda of Iron, and of Manganese.

IODISED SYRUP OF HORSE RADISH.

A pleasant substitute for Cod Liver Oil, prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodine, so intimately combined as to be insensible to the action of starch.

GRIMAULT'S INDIAN CIGARETTES.

Prepared from the Resin of Cannabis Indica.

Asthma, Bronchitis, Loss of Voice, and other affections of the respiratory organs, are promptly cured or relieved by the use of these cigarettes.

GRIMAULT'S GUARANA.

Prepared from the Paulinia Sorbilla of Brazil. It is a sovereign remedy in *Headache, Neuralgia, and Diarrhoea*.

GRIMAULT'S MATICO INJECTION AND CAPSULES.

A new preparation of the leaves of Matico, of more certain effect than most of the medicines recommended for the same class of diseases. The capsules contain the essential oil of Matico, combined with the balsam of Copaiba, and do not cause any unpleasant eructations. The injection is prepared with distilled water saturated with Matico.

GRIMAULT'S SYRUP OF PERUVIAN BARK AND IRON.

This new combination unites, in a small volume and an agreeable form, two elements which have never before been blended—Red Peruvian Bark, the best of tonics, and Iron, which forms the base of the blood. It is especially suitable for lymphatic or delicate persons, and in all cases for which Bark and Iron are usually prescribed.

Digestive Lozenges and Powders of the Alkaline Lactates.

(SODA AND MAGNESIA.)

Of BURIN Du BUISSON.

The researches of Dr. PETREQUIN, Prof. at the School of Medicine of Lyons, aided by Mr. BURIN Du BUISSON, the eminent chemist, have established beyond a doubt the special *Adaptation of the Alkaline Lactates* to the treatment of functional diseases of the digestive organs. These preparations will be found very beneficial in *imperfect and laborious digestion, heartburn, gastralgia, loss of appetite, nausea, distention of bowels and stomach*. They are more certain and less irritating than Calined Magnesia, or preparations having Charcoal, Bismuth, or bicarb. of Soda for their basis.

DIGESTIVE LOZENGES AND POWDERS OF THE ALKALINE LACTATES WITH PEPSINE.

These are prescribed in certain cases when the digestive powers are deranged, weakened, or null.

Ferro-Manganic Preparations of Burin Du Buisson.

The superiority of combinations of the Salts of Iron and Manganese over those of Iron have been fully established by the experiments of Dr. Petrequin. The following *Ferromanganic Preparations*, approved by the Imperial Academy of Medicine of Paris, have been originated by Mr. Burin Du Buisson in accordance with these experiments, and are confidently recommended to the medical profession as replacing advantageously all medicines having iron as their base, especially in *chloranemia, chlorosis, and all affections caused by the poverty of the blood*:

Ferromanganic Powder, for effervescing water.

Carbonate of Iron and Manganese Pills.

Syrup of the lactate of iron and manganese.

Dragees of the lactate of Iron and manganese.

Syrup of the Proto-Iodide of Iron and Manganese.

Pills & Dragees of the Proto-Iodide of Iron & Manganese.

Manganic Iron reduced by hydrogen.

E. FOUGERA, Importing Pharmacist,
No. 30 North William Street, New York.

LIEBIG'S EXTRACT OF MEAT

OF

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PREPARED BY

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This Extract is a *pure Extract of Beef*, unsurpassed in quality, free from fat and gelatine, each pound of which contains the soluble nutritive constituents of 84 to 86 pounds of the finest beef, exclusive of bones and fat, corresponding to about 45 pounds of good butchers' meat. As a medicinal agent it will be found of great value to the Sick, Invalid, and persons and children of Weak Constitutions, but its most extensive use is for domestic purposes.

It will keep unaltered for years in any climate, and will recommend itself at once for its purity, its permanency and cheapness.

Physicians, by ordering Liebig's Extract of Meat of La Plata, may rest assured of having the purest Extract of Meat that can be prepared.

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OF UNCHANGEABLE IODIDE OF IRON.

BLANCARD'S Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well-deserved favor among Physicians and Pharmacutists. Each pill, containing one grain of Proto-Iodide of Iron, is covered with finely pulverized Iron, and coated with balsam of Tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, a green label bearing the following inscription:

GENERAL DEPOT IN THE U. S. AT
E. & S. FOUGERA, N. Y.

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And Wine, Elixir, Syrup, Pills and Lozenges of Pepsine.

BOUDAUULT'S Pepsine is the most reliable, the only one used in the Hospitals of Paris, and recommended by Professors Wood and Bache (see American Dispensary, 11th edition, pages 1479-1480). BOUDAUULT'S Pepsine is sold in powder (in 1, 8, and 16 ounce bottle). The dose is 15 grains 2 or 3 times a day, at meal time.

It is used with great success for *Dyspepsia, Gastralgia, Slow and Difficult Digestion*, following fevers, and also for *Consumption* and other *Chronic Diseases*. *Debility of the Stomach* from old age or abuse of liquors is relieved by it, and it is invaluable as a corrective of *Vomiting during Pregnancy*.

PENNES' SALT, FOR BATHS.

A substitute for sea and mineral baths. *Tonic, Stimulating and Resolvent*. Used by over one hundred physicians in the hospitals of Paris, in Skin Diseases, Nervous Affections, Anemia, Chlorosis, Gout, Rheumatism, Sciatica; also, Colics, Cholera Morbus and Gastric Affections.

CAPSULES RAQUIN.

(Approved by the Academy of Medicine of Paris.)

Copaiba pure—Cop. and Cubebs—Copaiba and Iron—Copaiba and Matiao.

Their prompt solubility in the stomach insures their superiority over other Capsules of the sort. They cause no unpleasant eructations. Dose—Four to six capsules three times a day.

This injection, approved by several Academies of Medicine, is so well known for its sure and prompt action, that it is

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WARNER'S PIL: PHOSPHORUS COMP:

EACH CONTAINING

Phosphorus, One-hundredth Grain. Ext. Nux. Vomica, One-fourth Grain.
\$2.50 per Hundred. Liberal discount for quantities.

Phosphorus is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for diseases common to them,—as in cases of Lapse of Memory, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Impotency. The pilular form has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of Subdivision, as it is incorporated with Glycerine, &c., in solution.

Dr. C. Dujardin Beaumetz, of the Hospital de la Petite, Paris, concludes, after an elaborate study of the action of phosphorus in locomotor ataxia, that—1. Phosphorus appears to have a favorable influence in progressive locomotor ataxia, 2. Phosphorus acts as an excitant and as a tonic to the nervous system. It returns to the nervous tissue an indispensable element. 3. The administration of phosphorus should be commenced in small doses, one milligramme (about the 1-60 of a grain,) and increased gradually. The administration should cease when digestive troubles supervene.—*Bulletin General de Therapeutique*, Jan. 15th, Feb. 29th, March 18th, 1868.

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We are prepared to execute Special orders or private receipts for any quantities not less than 3,000, it being impracticable to coat a less number. With a view to proper manipulation it is desirable to know the composition, we will therefore supply the ingredients, and give the lowest estimates therefore. To fill your orders it will require but a week or a few days, except in rare instances. The larger the quantity the more elegant the finish.

COMPOUND ELIXIR OF TARAXACUM.

This is a new and valuable combination of the virtues of Dandelion, Wild Cherry Bark and Gentian Root, in a very agreeable and efficient form. Useful also as an excipient for masking the bitter taste of Quinia Salts.

A tablespoonful three or four times daily, is the usual dose.

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The supplying and fitting out of new stores is a branch of our business to which we give particular attention.

Having long and practical experience in the details of the Retail Drug Business, and a knowledge of Practical Pharmacy, we are enabled to understand the requirements and wishes of those who are about to embark in the trade. It is enough to say that everything appertaining to the business can be supplied by us, embracing all the recent appliances and novelties.

Quantities and styles can be so arranged as to come within the limits of any expense desirable. Our goods are of the purest quality, and we guarantee satisfaction to those who favor us with their orders.

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Our terms are cash, or 30 days on large orders if accompanied with reference.

The quality of our goods, the proper interpretation of your orders, and our method of doing business, if tried, we feel assured will meet with your approbation, and secure to us a continuance of your orders.

A share of your influence and patronage respectfully solicited.

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Physicians and Druggists in ordering Pills of Iodoform and Iron, will please observe that they are of our manufacture, protected by Trade Mark. We deem it necessary to call your attention to this, as it is said there are pills in the market in which not half the Iodoform is represented; further, you will have noticed that the many remarkable cures detailed in the Medical Journals were effected by our Pills.

The peculiar mode of preparation and combination, from absolutely pure material, has much to do with determining their efficacy.

In ordering it would be well to specify "WARNER & Co.," that you may obtain what you desire.

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WHOLESALE DRUGGISTS,
Manufacturers of
OFFICIAL AND OTHER SUGAR COATED PILLS,
PURE IODOFORM,
AND MEDICINAL ELIXIRS, FLUID EXTRACTS, &c.,
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NOTE.—We deem it admissible to state to Physicians that we do not engage in or promote the manufacture of Quack or Secret Medicines. The Labels bear the name and composition of our preparations, and our efforts are directed to the amelioration and improvement of medicines so as to render them pleasant and efficient, while we regard it our duty and pleasure to uphold the dignity of the profession. We propose to issue, for the object of cultivating the acquaintance of Doctors, a Medical Journal of the highest character, relating to Therapeutical Agents, New Remedies, &c., to be distributed gratuitously to Physicians of our acquaintance and to those whose names we may procure by business intercourse or otherwise.

Respectfully,

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Wholesale Druggists and Chemists,
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MANUFACTURERS OF ALL COMPOUNDS AND NEW REMEDIES.

PILLS.	Price per 100	per 500
PIL: Aloe.	\$ 40	\$1 75
" Comp. U. S. P.	40	1 75
" et Assafos, U. S. P.	40	1 75
" et Ferri.	40	1 75
" et Mastich.	50	2 25
Ammon., Bromide, 1 gr.	75	3 50
Anti-bilious, (Vegetable)	70	3 25
Aperient.	85	4 00
Assafetida, U. S. P., 2 gr.	40	1 75
" Comp.	40	1 75
" et Rhei.	75	3 50
Bismuth, Subnit., 3 grs.	75	3 50
" Subcarb., 3 grs.	75	3 50
Calomel, 1, 2, 3, and 5 grs.	40	1 75
Cathart. Comp., U. S. P.	70	3 25
Cathartic Comp. Imp.		
Ext. Colocynth Comp.		
Jalap.		
Podophyllin.		
Leptandrin.	75	3 50
Ext. Hyoscyamus.		
Gentian.		
Oil: Menth. Pip.		
PIL: Camphor et Ext. Hyoscyamus.		
Camphor, 1 gr.	50	2 25
Ext. Hyoscyamus Eng. 1 gr.		
Chapman's Dinner Pills.	80	2 75
Cerril Oxalat., 1 gr.	1 00	4 75
Chinoidin. Comp.	1 00	4 75
Cinchon. Sulph., 1½ gr.	75	3 50
Coloc. Comp., 3 grs.	90	3 75
Colocynth et Hyd. et Ipecac.	75	3 50
Copaiba, U. S. P., 3 grs.	50	2 25
" et Ext. Cubebe.	80	3 75
PIL: Cook's		
Pulv. Aloe Soc: 1 gr.		
" Rhei, 1 gr.		
Calomel, ½ gr.	50	2 25
Pulv. Sapo. Hisp ½ gr.		
Diuretic.	50	2 25
Dupuytren.	50	2 25
PIL: Emmenagogue.		
Ergotine.		
Ext. Helleboro, Nig. 1 gr.		
Pulv. Soc. Aloe, 1 gr.	1 40	6 75
" Ferri Sul. 1 gr.		
Oil. Sabina, ½ gr.		
Fel. Bovinum.	50	2 25
Ferri, (Quevenne's) 1 gr.	50	2 50
" Carb., (Valett's) 3 grs.	40	1 75
" Comp. U. S. P.	40	1 75
" Iodid., 1 gr.	65	3 00
" Lactat., 1 gr.	50	2 25
" Pyrophosph., 1 gr.	40	1 75
" Valer., 1 gr.	1 00	4 75
" et Quass. et Nuc. Vom.	75	3 50
" et Strychnine.	75	3 50
Gonorrhoea.	60	2 75
Hepatica.	80	3 75
Hooper, (Female Pills), 2½ gr.	40	1 75
Hydrargyri, U. S. P., 3 grs.	40	1 75
" Iod. et Opi.	75	3 50

PILLS.	Price per 100	per 500
PIL: Iodoform, et Ferri.	3 25	\$16 00
Iodoform, 1 gr.	3 00	14 75
Ipecac et Opi., 3½ grs.	50	2 25
Leptand. Comp.	1 00	4 75
Lupulin, 3 grs.	40	1 75
Opi., U. S. P., 1 gr.	75	3 50
" et Camphor.	1 00	4 75
" et Camph. et Tannin.	1 00	4 75
" et Plumbi Acet.	75	3 50
Phosphorus Comp.		
Phosphorus, 1-100 gr.		
Ext. Nuc. Vom., ¼ gr.		
Potass. Iodid., 2 grs.	85	4 00
Quiniaz Sulph., 2 grs.	2 75	13 50
" 3 grs.	4 00	19 75
" Comp.	1 75	8 50
" et Ext. Belladon.	1 75	8 50
" et Ferri.	1 75	8 50
" et Hydrag.	1 75	8 50
" et Ferri et Strych.	1 75	8 50
" Valer., 2 grs.	3 50	17 50
Rhei, Comp., U. S. P.	75	3 50
Rhei et Hydrag.	80	3 75
Rheumatic.	90	4 25
Zinci Valerian, 1 gr.	1 00	4 75

GRANULES.

Accurate methods and the greatest care are employed in dividing these minute doses to render them uniform and accurate.

Acid, Arsenious, 1-20, 1-30 & 1-50 gr	\$ 40	\$1 75
Aconita, 1-60 gr.	75	3 50
Atropia, 1-60 gr.	75	3 50
Corrosive Sublimate, 1-12, 1-20, 1-40 gr	40	1 75
Digitalin, 1-60 gr.	75	3 50
Elaterium, (Clutterbuck's) 1-10 gr.	95	4 50
Extract Cannabis Indica, ¼ gr.	60	2 75
Hyoscyamus, (Eng.) ¼ gr.	40	1 75
Nux Vomica, ½ gr.	40	1 75
Hydrastin, ¼ gr.	95	4 50
Mercury Iodide, ¼ gr.	40	1 75
" Red, 1-16 gr.	40	1 75
Morphia Acet., 1 gr.	70	3 25
Sulph., 1-10 gr.	60	2 75
" ½ gr.	70	3 25
" ¼ gr.	80	3 75
" ⅛ gr.	1 00	4 75
" Valer.	1 00	4 75
Podophyllin, ¼ gr.	50	2 25
Podophyllin Comp.		
Podophyllin, ½ gr.		
Ext. Hyoscyam, ½ gr.	75	3 50
" Nuc. Vom., 1-16 gr.		
Quinia Valerianate, ½ gr.	2 00	9 75
Silver Nitrate, ¼ gr.	75	3 50
Strychnia, 1-20, 30, 40, 50 gr.	40	1 75

Dispensed by Druggists throughout the Country.

Notice to Physicians.

The *solubility* of Official and other SUGAR COATED PILLS as made by us, is an indispensable quality, and a matter of so much importance as to command your special attention. An experience of thirteen years, with careful attention and study, has enabled us to achieve a perfection otherwise unattainable.

We claim this art of Sugar Coating, avoiding the necessity of drying so hard as to render them insoluble and inert to make them permanent.

Being extensively engaged in the Wholesale Drug business, and in the manufacture of Standard Official Preparations, and New Remedies, in our own Laboratory, affords us facilities for supplying Physician's orders with all articles of the purest quality at the lowest prices.

A discount of 25 per cent. will be made to Physicians on all orders for Pills amounting to \$10.00 net. Less quantities will be sent by mail or express pre-paid on receipt of catalogue prices.

Please specify our make (W. & Co.) when it suits your convenience to order elsewhere. Half freight paid on shipments of Drugs to distant points.

WILLIAM R. WARNER & Co.,

No. 154 North Third St., Philadelphia.

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WARNER'S

PIL: IODOFORM ET FERRI.

Iodoform, One Grain. Ferri per Hydrogen, One and One-fourth Grain.

A Powerful General Tonic, and Alterative, Valuable as a Remedy in
SCROFULA, ANÆMIA, NEURALGIA, CHLOROSIS, RHEUMATISM, &c.

We make special mention of these pills of our manufacture, as the medical journals throughout the country contain contributions from reliable authors who have made wonderful cures after having used, without success, all other known remedies.

Each label bears the formula and doses.

We give below a brief extract from a report of the Lehigh County Medical Society, as published in the transactions of the Medical Society of Pennsylvania, June, 1868.

"Internally, I gave quinine and iron and a good nourishing diet. Still I found great trouble in keeping up healthy granulations, they would become sluggish. I tried a number of alteratives, as iodide of potassium and lime. Still the case progressed very slowly until my attention was attracted to an article in the *Medical and Surgical Reporter*, 'On Iodoform and Iron.' I at once concluded to give this remedy a fair trial. I discontinued all other constitutional treatment, and gave three pills three times a day, *manufactured by W. R. Warner & Co., of Philadelphia*. I soon had the satisfaction of seeing a rapid improvement. The pain at once left her limb, with which she had suffered continually; the granulations became more healthy and more abundant, and I now have the satisfaction of seeing my patient engaging in all her household duties. *Not a vestige of the disease is to be seen. The patient is enjoying perfect health, is active and lively.*

"Since, I have treated two other cases, one of three, and one of four years' standing, with the same good result. I feel convinced of the efficacy of the remedy."

P. L. REICHARD,

Chairman Sanitary Committee.

We furnish with orders, or when requested, a treatise in pamphlet form, detailing cures effected, and cases to which it is applicable. Price of Pills per hundred, \$3.25. Liberal Discount for quantities.

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MY DEAR SIR:—You have submitted for my inspection, various samples of your Sugar-Coated Pills. I have examined them carefully and can pronounce them both perfect and elegant. I speak from my personal knowledge of your character and ability, and I regard the length of your practical experience in manufacturing them as a specialty, as the surest guarantee of their excellence.

Yours, very respectfully,

JOHN M. MAISCH, U. S. Army Laboratory.

Jan. 10, 1865.

(Now Professor in Philadelphia College of Pharmacy.)

(From *Freedley's "Philadelphia and its Manufactures."*)

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VACCINE VIRUS—From healthy country children, not syphilitic, to vaccinate ten persons, 60 cents; twenty, \$1. One crust, \$2. Cowpox crust, \$3. Packed in air-tight envelopes to send any distance. Should a failure happen, a fresh supply will be sent gratis.
Orders answered by return of mail. Dr. S. S. GIFFORD,
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HUNNEWELL'S STANDARD CATHARTIC, NARCOTIC, AND ALTERNATIVE DEVELOPMENTS—

COMPRISING THE

- Pill Aloin cum Ferro,**
Known as Eclectic Pills.
Pill Podophyllum cum Ferro,
Dr. Jackson's Formula.
Alternative Laxative Pill,
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Alternative Laxative Pill,
Dr. P. S. Haskell's Formula.
Alternative Laxative Pill,
Dr. Edward Hall's Formula.
Compound Quinine Pill,
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Fluid Cannabis cum Tolu,
Known as Tolu Anodyne.

The standard of action and character of the above preparations is fully kept up, and in convenient-size dispensary packages. Formulas in detail sent on demand.

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The most simple and practical of any ever invented; made of India Rubber without lead, unirritating, of easy application, and unfailingly keeps the womb in its natural position. The first-class physicians in Providence, and eminent practitioners in almost every State, highly commend it. A pamphlet describing it, and testimonials of distinguished Physicians, sent on receipt of stamp for postage.

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Sole Proprietor, Providence, R. I.

SI-4f

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CITY PHYSICIAN'S OFFICE, BOSTON, MASS.—The subscriber is prepared to supply Vaccine Virus of warranted purity, freshness and reliability, taken from healthy infants, in crusts or on quill points, to physicians in any part of the United States or British Provinces. The quill-points are charged with great care, to ensure a sufficient quantity of lymph on each, and are so prepared that it will not chip off. Both will be packed in air-tight envelopes.

The large number of infants daily vaccinated enables him to be most choice in his selection, as well as to test the comparative merits of any "stock" or "stocks," which his official position enables him easily to obtain, either in this country or Europe.

All orders will be answered on the day the order is received, and if by mail (as is recommended), postage free.

Should failures in any case follow its use, a fresh supply will be sent, on notification, within twenty days.

Fresh Crusts, \$3 each; 10 Quill-Points, \$1.50

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The contrivances hitherto devised for the purpose have generally fallen into disuse on account of radical defects in construction, and the substitute now offered has been withheld until it could be thoroughly tested in a class of cases which have resisted medical treatment. How it obviates the most objectionable feature of the ordinary appliances, and in what respects is superior to them, is at once apparent. Manufactured and for sale by ROBERT R. KENT,
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T. METCALF & Co., Agents.

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- Elix.** Calisaya, Iron and Bismuth.
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" Valerianate Strychnia.
" Pyrophosphate Iron.
Liquid Bismuth.
Sol. Protox. Iron, Rhubarb and Columbe.
Syr. Phosphate Iron, Quinia and Strychnia.
" Phosphates Comp. (Parish).
" Iodide Starch.
" Cit. Iron and Strychnia.
" Cit. Iron and Quinia.
Wine Pepaine.
Wine Iron Bitter.

And many other Pharmaceutical Preparations.

✓ Samples, Descriptive and Price Lists furnished upon application.

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They are perfectly adapted to all forms of amputation.

Every limb is made first class, of the best material, and fully warranted.

They are recommended by the leading surgeons.

Pamphlets with authorized testimonials sent free.

None genuine but those manufactured exclusively for the inventor, under his patent.

D. DAFFORREST DOUGLASS,

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Springfield, Mass.

✓ No connection whatever with inferior government legs.
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CODMAN & SHURTLEWORTH, 12 and 15 Tremont Street, Boston, are authorized by me to act for the sale of my Artificial Limbs. Orders and measurements taken, and full information given by applying to them.

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References:

- Dr. S. G. Howe, Boston, Mass.
Dr. Edward Jarvis, Dorchester, Mass.
Dr. H. M. Knight, Lakeville, Conn.
Mr. H. K. Frothingham, Mass. Bank, Boston.
Mr. P. A. Ames, 70 State Street, Boston.

SS-1y.

189 WARREN AVENUE, Sept. 16, 1890.

D. T. W. FISHER, having retired from service at the Boston Hospital for the Insane, to enter on general practice in this city, will give attention by preference to Mental and Nervous Diseases.

He has permission to refer to the following gentlemen:

- Dr. C. A. Walker, Dr. J. E. Tyler,
Dr. D. H. Storer, Dr. H. I. Bowditch,
Dr. C. E. Buckingham, Dr. E. M. Hodges.

Office hours, 8 to 9 and 1 to 3.

D1-1y

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HARVARD UNIVERSITY.—Dr. C. J. BLAKE will deliver a Course of Lectures on OTOTOLOGY, at the Medical College, on Wednesdays and Saturdays at 8 A.M., commencing on April 5th.
CALVIN ELLIS, Dean of the Faculty.
 Mch. 30—2t.

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TO PHYSICIANS.—Comfortable apartments, with Board and Nursing, for Ladies about to be confined, or who require treatment (except for contagious or venereal diseases), under the charge of their own physician, can be found by addressing Mrs. M. S. WARE, No. 4 Ferdinand Street, Boston.
 Satisfactory references will be required, and given in return, and the utmost privacy and seclusion maintained, if desired by the patient.

References:
 Wm. Read, M.D. (late City Physician), 24 Dartmouth St. Boston.
 David Thayer, M.D., No. 56 Beach Street, Boston.
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 Mch. 30—

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The subscriber will not in future, in any case, furnish either Cowpox or Humanized Vaccine Lymph to any agent or dealer. It is most important that physicians should know the precise source of their vaccine supply, and who is solely responsible for its excellence; this can only be attained by direct communication with the person who devotes himself to this troublesome and laborious specialty.

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 27 Dudley Street, Boston (Highlands).

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A TWOOD'S PURE COD LIVER OIL.—Prepared by Capt. N. E. Arwood.
 The following distinguished Boston Physicians recommend Capt. A.'s preparation.

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Samuel Cabot,	Chas. E. Ware,
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BUTTER OF CACAO SUPPOSITORIES.—For the Rectum and Vagina.—A full line of standard, plain and medicated Suppositories kept constantly in stock. Private formulas prepared *exactly as directed by the physician*, and always of the best and freshest materials.

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**MORSON'S ENGLISH,
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 No. 9 Hamilton Place, Boston, Feb. 1, 1899. **J4—4t.**

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 Special attention given to the Treatment of Diseases of the Spine &c.

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D. R. E. B. MOORE, 194 Hanover St., will hereafter attend *exclusively* to office Practice and Consultations.
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 "Only the best seeds supplied," is my motto.

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Last spring he sent a special agent to Paris to investigate fully the whole subject of animal-vaccination as practised there, and to procure such supplies of virus, in various forms and from many different animals, as might enable him to inaugurate the method here. This agent returned two months since, and the objects sought in sending him have been fully attained. Over twenty heifers have already been successfully vaccinated, others are vaccinated every few days from the two non-humanised "stocks" mentioned below, and this "service" will be continued indefinitely if, as is not doubted, the support of the profession justifies the great and continual labor and expense.

All virus issued by me is collected by myself from vaccinations of heifers and infants, made by my own hand, and is fully warranted in every respect. In any case of failure of a first supply, a second will be sent on notification within thirty days.

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I shall be most happy to answer all inquiries touching the subject of Vaccination, and on any week day, from 8 to 4 P.M., to receive the visits of physicians, and exhibit to them heifers in different stages of the disease; but no orders for virus will be noticed without a remittance. The original cowpox lymph will not be supplied to or through agents or dealers.

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FRANCIS H. BROWN, M.D., EDITOR.
H. H. A. BEACH, M.D., ASSISTANT EDITOR.

Whole No. 2953. }
Vol. LXXXIV. }

THURSDAY, APRIL 6, 1871.

{ New Series,
Vol. VII.—No. 14.

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Mch. 16—1y.

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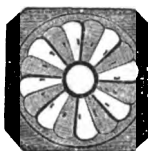
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THE PROGNOSIS OF CATARACT, AND THE RULES BY WHICH IT IS FORMED, BEING AN EXTRACT FROM A LECTURE DELIVERED AT THE MEDICAL COLLEGE, MARCH 22.

By HASKET DERRY, M.D., Surgeon to the Massachusetts Charitable Eye and Ear Infirmary, and University Lecturer on Ophthalmology.

ONE of the hardest questions to answer a patient is the one invariably put in a case of commencing or progressive cataract, viz., how long it will take to fully ripen. There is every shade of difference in this respect. The age and health of the patient are doubtless influential factors. Sometimes a cataract comes on almost "overnight," to use the popular phrase, and sometimes slowly progresses through a series of years. Senile cataracts are apt to advance with extreme slowness, and it is impossible to predict with any confidence their probable course. Very curious, indeed, it is to note the sudden jumps or strides the disease may take, when least expected. In one case, which has, I think, never been made public, it seems to have been the result of exhausting sexual intercourse. An elderly man married a second wife, considerably younger than himself. The next morning at breakfast he complained of great failure of sight. The eyes were examined, and double cataract found, which very rapidly advanced, and was successfully operated on. Another case of very rapidly progressing cataract occurred in my own practice. A gentleman, 65 years of age, consulted me in November, 1865. For several years he had observed that one of his eyes was somewhat inferior to the other, and he now came to ascertain the reason. I found that with this eye he saw only half as well as with the other, and on dilating the pupil discovered the lens to be opaque in several places, a state of things that had probably long existed. The centre of the lens was clear. In the posterior cortical substance were several faint opacities. At the lower

and inner edge of the anterior cortical were two clear cut opacities, and numerous fine spiculæ shot out all along the periphery of the lens. Still it was in the main so transparent that the optic nerve entrance, and all the details of the fundus, could be plainly seen through it.

I told my patient the cataract might be years in forming, and any prediction as to when it would be ready for operation would be mere guess work.

He was a man of much intelligence, and, from that time forward, minutely studied every phase of its development. A year later, he again made his appearance, and told me a sudden change had occurred three months after my examination, and that this whole change had taken place within forty-eight hours. I found a well-marked, fully opaque cataract, and subsequently removed it.

As a rule, cataracts beginning in the posterior part of the lens go on very slowly. When the streaks of commencing opacity in the front of the lens are very fine, the cataract progresses less rapidly than when they are broad and opalescent. In young people, soft cataracts advance fast, and so may traumatic cataracts at any age. A safe general rule for any form of cataract, is that the older the patient is, the longer it takes to form.

We now come to the question of *treatment*. It has been justly observed that the natural repugnance of all patients to a surgical operation, and the persistency with which they have, in all ages, urged their medical attendants to attempt their cure by constitutional treatment, or local applications, have resulted in a vast number of experiments as to the possibility of thus "dissolving" cataract. The discovery of a reliable agent for producing this effect would be an achievement to rank with the bringing to light the philosopher's stone, or the secret of perpetual motion. Charlatanism, consequently, has nowhere in medicine found a more fertile field. Century after century the remedies vaunted as capable of accomplishing this end have been innumerable. Even men of science, misled by the

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disappearance of opacities of the epithelial intracapsular layer, consequent on iridochoroiditis, and by the gradual clearing up of the loss of transparency which follows slight wounds of the capsule, as well as by the spontaneous dislocation or rupture of an opaque lens, have made the mistake of attributing such results to the remedies used by them, and have drawn deceptive conclusions therefrom. Thus certain preparations of iodine and of mercury, the subcutaneous injection of ammoniac, and the use of phosphuretted oil, have attained a temporary, but always fleeting, notoriety.

At the great Ophthalmological Congress, held in Brussels in 1857, one of the questions proposed for discussion was the following: "Has experience established that certain forms of cataract can be cured without operation?" And with hardly a dissenting voice it was agreed that the annals of science do not show a single authentic instance of a cataract ever having retrograded, or of its progress ever having been arrested through any medical treatment whatever.

More recently, Prof. Sperino, of Turin, has proposed repeated punctures of the cornea and evacuations of the aqueous humor, as a means of curing cataract and restoring the transparency of the lens; and presents a startling array of cases thus treated, in confirmation of his views. It is certain, however, that, in other hands, the method has failed entirely. And it is strongly objected to it that it is, at the best, but slightly efficacious; that it is very slow in its action, and that its practice is after all the performance of a surgical operation, and, from its frequent repetition, most unpleasant to patients. It has consequently failed to be extensively followed.

You will not, therefore, attempt to make a patient believe that you can cure him without an operation. But the uneasiness "unless something is being done" so inherent in human nature, and from which the majority of your callers will not be exempt, is an ample justification for the exhibition of some harmless placebo, such as a salve of iodide of potash to be rubbed on the forehead, or the internal administration of small doses of the same remedy. And if the patient sees better when his pupil is enlarged, you will render him a positive service by ordering him a solution of atropine to use daily. But if the opacity is beginning at the periphery of the lens, and a widely-open pupil interferes with the exercise of sight, you may give a solution of

calabar bean and, by contracting the pupil, cut off the excess of light.

A good operator must not only be possessed of the mechanical skill necessary for the proper performance of the operation, but must be able to tell in advance whether a case is likely to do well or not, and, from certain appearances and tests, to estimate the chances of success. In other words, it is necessary, in the outset, to ascertain whether the case be a simple one of lenticular opacity, or whether other and serious disease is lurking behind the cataract in the posterior part of the eye. There are four golden rules on the observance of which your prognosis must be based, four distinct facts to be ascertained before proceeding to an operation. He who disregards them will surely, once in a while, come to grief.

The first is, *note the size of the patient's cornea*. The cornea is spoken of as measuring so many lines in diameter. And the average diameter of the cornea, in a healthy and well-developed adult, is five lines. The actual measurement may conveniently be made by holding before the eye to be measured the little instrument used for estimating the amount of strabismus present, and reading off the number of lines from its graduated face.

The cornea, while ordinarily measuring five lines, may measure four and a half, and even four. And it is precisely these cases of small cornea where we must be guarded in our prognosis. It is not a reason for the non-performance of the operation; but such eyes are not as apt to heal and are more liable to take on inflammation than those of more liberal dimensions.

Second rule, *note whether the movements of the iris are free and independent, also whether the effect of atropine is active and ample*. Covering the other eye thoroughly, so as to exclude all chance of sympathetic action, we are to see whether the pupil dilates readily when light is intercepted, and contracts on its admission. A drop of the solution of atropine, referred to in the last lecture, should also be applied. If now, at the end of half an hour, the pupil is but slightly dilated, if ciliary redness and pain, either or both, follow the use of the drop, and if, in response to the previous test, the pupil works sluggishly when exposed to light and darkness, our prospects of success are materially impaired. It is well, moreover, in examining the iris, to note whether it seems at all tremulous when the eye is moved rapidly, because such tremulousness betokens the presence either of a partial

dislocation of the lens, or of an unnaturally fluid condition of the vitreous humor.

Third rule, *test the perception of light*. The sound eye being carefully covered, and that, too, not in the slovenly way we so often see employed, but with a handkerchief or towel, rolled into a ball and pressed firmly against it; the eye affected with cataract is to be examined with regard to the position and number of windows in a room, or, still better, the patient is to be taken into a dark room, and tried with the flame of a lamp or candle. In general terms it may be stated that, in spite of the cataract, the eye ought to see the flame of the lamp ten feet off, and that, if it has to be brought much nearer, there is some disease of the percipient apparatus, a fact that would materially modify the prognosis.

Graefe was in the habit of employing, for this examination, a lamp, the flame of which was behind a movable screen, in which were pierced holes varying in size. He could thus graduate exactly the amount of light employed, and test the acuteness of its perception, expressing it even on paper, by giving the distance and the number of the diaphragm. But, for ordinary purposes, a common hand lamp, the flame of which can be hidden by the hand, and the wick raised or lowered, answers well enough.

Fourth and last rule, *examine the state of the field of vision*. In buying a mirror for a dressing-table, it is not sufficient to observe that the part which will ordinarily reflect the person, be well silvered and of good glass; but the more remote portions and periphery receive their share of attention, and a serious flaw in them would cause the rejection of the article. This comparison holds exactly with regard to the eye. The lateral portions of the retina merit examination, as well as the region of what is known as the yellow spot, the point of central fixation. A candle is held first directly before the patient, in the usual distance. He is then directed to look straight ahead, and the candle is moved successively up, down, and to either side. If in one direction the candle becomes invisible, there is sure to be some complication. We ought to particularly note the activity in perception of the upper part of the field, as it is at the lower part of the retina that separations are most likely to occur.

To illustrate the importance of this last method of examination, I would say that I, not many years ago, operated for cataract on a lady who had always been quite near-sighted, but whose eyes had been supposed

to be otherwise in excellent condition. Being somewhat pressed for time, when I made my examination, I noted the activity of the pupil and the general perception of light, but did not test the different portions of the field, as I have just insisted on your doing. No accident occurred at the time of operation, the cataract came out whole, no opaque capsule remained behind, the wound healed perfectly, and I encouraged the family to suppose that very useful vision would be the result. But when I came to the selection of glasses, I found that with no combination could the patient either read or write, and that her vision was restricted to the perception of large objects about the room. The reason of this became apparent as soon as the interior of the eye was examined with the ophthalmoscope. The lateral portions of the retina and choroid were normal. Adjoining the optic nerve, and continuous with it, was a white patch, resulting from atrophy of the choroid, and such as is no infrequent accompaniment of considerable near-sight. This, of itself, would not have interfered with the power of reading or writing. But in the centre of the retina, directly overlying the macula lutea, the seat of most acute vision, was another isolated white patch, of the same atrophy, rendering accurate vision as impossible as a piece broken out of the centre of a mirror would have a correct reflection from its surface. Had I made a thorough examination to begin with, holding the candle up, down, to either side, and, finally, directly before the eye, I should have found that perception was diminished in the last position, and hence have inferred a disorganization in the region of the macula lutea. Knowing this in advance, I should not have advised an operation on this eye.

This completes the subject of the nature, diagnosis and prognosis of cataract, and it is now time to explain the theory and demonstrate the method of the principal operations for its removal, particularly of that one which, within five years, has risen to such preëminence as to nearly if not quite supersede all others. Previous to this, however, let me teach you how to answer one or two questions which are very frequently put, and which, if not prepared for, you may find it a little awkward to encounter.

Should one eye be operated on when the other is entirely normal? Popular prejudice says, unhesitatingly, No. "Wait till the other eye begins to go," is the cry of all the old women and half the sympathizing friends. And, at first sight, they would

seem to be right. By depriving an eye of its crystalline lens, you not only entirely rob it of its accommodation, but materially alter its refraction; hence the natural feeling that it must not only seriously interfere with its fellow, but give rise to all the annoying consequences of double vision. It is precisely, however, this that does not happen, it is on this very point that the whole thing turns. Recent investigations show that a certain degree of binocular vision is enjoyed; that the operated eye helps its fellow; that, though it has a wholly different refraction, and hence forms an entirely different image, its possession does yet enlarge the patient's field of vision, aids his estimate of distance and his appreciation of solidity, and enables him, in short, to get along and about much better than without it. Operate, therefore, always on one eye, even if the other is wholly sound, unless your patient is an aged man, unused to sickness or confinement, and liable to have his general health injuriously affected by confinement to his room for ten days or a fortnight, and the consequent breaking in upon his usual habits and change in his customary diet.

A question that naturally allies itself to the foregoing is, *does it do any harm to postpone the operation?* None whatever, provided the patient is content to suffer the disadvantage of seeing with one eye. When an eye squints, that is turns out or in, and a mental effort is necessary to exclude the image furnished by it, in order to avoid double vision, its powers become rapidly impaired. But when an opaque screen, like a cataract, is set up between the incident rays and the retina, and the effort of exclusion becomes unnecessary, the acuteness of vision may remain unimpaired through a long series of years. These remarks are, however, applicable only to an eye that has already attained its development. If the case be one of congenital cataract, or cataract occurring in a child, the most disastrous consequences might result from continued exclusion from the light, and the operation is on no account to be deferred. With infants and children all delays are dangerous.

Ought we in all cases to wait till a cataract is entirely ripe, before proceeding to operate? It has been justly observed that many cases of senile cataract advance so slowly that, if absolute maturity be waited for, no operation will ever really be done. Many an aged patient has died without regaining his sight, through a well-meaning, but really unne-

cessary, delay. Thanks to the present methods of extraction, particularly to the one to which your attention will specially be called, senile cataracts, though not entirely perfect, may now be removed with a degree of safety previously unknown. It is, of course, theoretically, more desirable to wait for absolute ripeness; still, if a person has cataract on each eye, complete in neither, and sufficiently advanced to interfere with his reading, writing, and getting around, the operation on the one most developed ought no longer to be deferred.

The last question is a particularly practical one. *"If we have both eyes affected with cataract, and both cataracts ripe, ought both eyes to be operated on at the same time?"* We answer, confidently, No. And this for two reasons. If one eye only be operated on, the symptoms which follow, and the way and manner in which the eye rallies from, or, in exceptional cases, sinks under the violence inflicted on it, guide us materially in what we are to do for the other eye, and teach us to adopt such preparations or to so modify our method as to give the patient a better chance of sight, and to save him from the dangers to which our ignorance of his idiosyncrasies exposed him the first time. Again, a patient or his attendants, being little used to such delicate operations, may be imprudent, transgress our positive directions, and consequently lose the eye. Conceive the melancholy future of such a person, provided both his eyes had been operated on. If, however, one only has been touched, he will learn wisdom by experience, and ensure success by being more careful the second time.

A simultaneous operation on both eyes is therefore to be regarded as absolutely unjustifiable, save in the most exceptional cases.

AN ATTACK UPON ETHER.—A late homœopathic writer, after describing a case of death from chloroform, urges that very great harm has been done by ether also. He thinks that no account has been taken of the lasting injury done to the mind and to the nervous system by the latter agent. This is entirely in accord with a popular prejudice; but, if there were any foundation for it, it could not have escaped notice, considering the vast experience of the profession in the use of this anæsthetic during the last twenty-three years.—*Philadelphia Med. Times.*

PROFESSOR HEBRA ON DISEASES OF THE SKIN.*

By JAMES C. WHITE, M.D., Boston.

UNEXPECTEDLY, and after an interval of several years, another *Lieferung*, the first part of the second volume of Prof. Hebra's great work, has appeared. Translations of the first and second parts of the first volume were published, it will be remembered, by the Sydenham Society in 1866 and 1868, and in these the affections comprised under the first five classes of the author's system were considered. The present part treats of his sixth and seventh classes, *Hypertrophie cutaneæ* and *Atrophie cutaneæ*. Eagerly as its publication has been looked forward to, however, a glance at its table of contents cannot fail to convey disappointment, for of its 145 pages but 45 only, comprising the first two subdivisions of the hypertrophies, are the author's own work or words. Of the first volume, to be sure, certain chapters were contributed by other observers, but these were the smallest and least important portions. In the present part Prof. Hebra contributes only that portion which treats of increase of pigment, corns, warts, and ichthyosis; such important and obscure diseases as scleroderma, elephantiasis arabum, and the affections of the hair, which have so long been awaiting such illumination as his accurate observation and judgment have thrown upon all the subjects he has written of, have been left to be worked up by another person. If such a substitution is inevitable in the continuation of the work, then no doubt we have the best possible proxy in this case, for Dr. Moriz Kohn, the author of the larger part of the book, is not only Prof. Hebra's assistant in his skin clinic, but is also his son-in-law, so that we have without doubt really the views of the instructor and chief throughout, although presented by the younger observer. Indeed, it is not likely that Prof. Hebra would permit a work, which represents the labors of a life-time and upon which the continuance of his pre-eminent fame as a dermatologist must rest after his active career of teacher is over, to express views not in harmony with the doctrines he has so long taught. We must regard the volume, then, as one which goes out into the world with his approval and which represents his own opinions.

The subjects discussed under the sixth of

his classes are hypertrophies of the pigment of the skin and of the epidermis; of the hair and nails; and of the fibrous structure of the skin, scleroderma or sclerema, elephantiasis arabum, and frambœsia. Under the seventh class we find atrophy of the pigment of the skin and hair, atrophy of the hair itself and of the nails, and atrophy of the various tissues of the skin. What I may have to say with regard to any of these may, for the present purpose perhaps, be best said in connection with the special parts affected, and without close regard to this pathological division.

Anomalies of Pigmentation.—The so-called affections of the pigmentary matter of the skin are, in fact, mostly variations in its amount and distribution over its surface. They may be divided into three well-marked classes:—

1st. An excess of pigment, general or local.

2d. A deficiency of pigment, partial or general.

3d. The presence of pigment of an abnormal or extraneous character.

It seems necessary, therefore, to establish a standard of normality, by reference to which we may decide whether an individual case deviates so far to either side as to constitute disease. This is, however, impossible, so far as the general coloring of the body is concerned, for even among the Latin races whole nations inhabiting subtropical latitudes approach the blacks in depth of color, and the palest Saxon stock furnishes a large percentage of dark-skinned families. It is evident, then, that each individual must find in the general color of his skin his own standard, and that variations from this, either at different periods of life or on distinct portions of his body at any one time, constitute the affections we are considering. Changes of color in certain localities do take place, however, which are not regarded as abnormal, but as occurring in some persons and at certain times in the course of nature. Such are the darkening of the genitals, especially those of the male sex, with maturity and excessive use, amounting at times to the deepest shades of brown and black; the darkening of the skin about the anus and axillæ in adult life; and the deposition of pigment about the nipples and along the lineæ alba during pregnancy, and about the eyelids during the monthly period in the female. These changes, although considered natural processes, differ in no way anatomically from similar conditions we call disease.

* *Hautkrankheiten.* Von Prof. Hebra. Virchow's Handbuch der speciellen Pathologie und Therapie. III. Band. II. Theil. I. Lieferung.

Diseases of the Skin. By Prof. Hebra. In Virchow's Handbook of Special Pathology and Therapy.

A glance at the chapters on affections of the pigment in some works on dermatology, would give the impression that they are perhaps the most serious and complicated, the most numerous and difficult group of skin diseases, by the number and length of the titles employed. The longest of Greek works have been invented to represent every tint which the skin is capable of assuming, and, once invented, are supposed to signify individual diseases. The number of terms required to designate the distinct affections are very few, and it is pleasing to see that Prof. Hebra has, instead of introducing new, given up some of the old titles in connection with these affections.

1st Class. Hypertrophies.—The simplest deviation in this direction from the normal condition of the pigment is its development in excess upon such parts of the skin of many persons as are exposed to the weather, which we call tan. It is not exclusively the direct rays of the sun that is the exciting agent in this change, for a few hours' exposure to sea-air and fog, even when the sun is obscured, will produce a marked alteration of color upon some, and there seems to be a difference of tint in the faces of the sailor and of the out-door laborer on shore. It is astonishing how rapidly and to how great an extent the pigment is developed in some skins under exposure, as witnessed on the necks and arms of the fairest oarsmen and ball-players at the end of the season; a few months only being sufficient to develop a hue as swarthy as that of the darkest Latin nations, and suggesting what cycles of a tropical sun and accumulative transmissibility might do, and may have done, in painting the various races of mankind. Tan and sunburn are two distinct processes, though produced by the same cause; the latter being a temporary congestion or erythema of the skin, and in no way necessarily connected with changes in the pigmentary system. They may occur simultaneously, but often the skin which tans easily does not burn readily. Frequent burning, however, like all congestions, is apt to develop the deposition of coloring matter in the parts so over-supplied with blood, according to a well-known law. Ordinary tan generally disappears spontaneously in our latitude of strong extremes, where the cold overrules the heat, and where all warmth of color, both in animal and plant, fades out with departing summer. In our Southern States, peopled by the same original Anglo-Saxon stock as ourselves, the hue of the skin is several shades darker than our own, and the short-

er winters exert but a mild bleaching influence upon it. There, too, miscegenation has given us ample opportunity of studying the effect of dilution upon the intense blackness of the negro race, and although a single cross is found sufficient to diminish this to a great extent, it requires many successive intermixtures to deprive the cells of the rete mucosum of all their native pigment.

Now Prof. Hebra makes but two simple divisions of all the affections marked by increase of pigment, viz., *Lentiginos* and *Chloasmata*. Under the former he places those in which the coloring matter appears in the form of spots not exceeding a pea in size, upon whatever part of the body they may occur, whether permanent or temporary. *Chloasmata*, on the other hand, are, according to his definition, yellow or yellowish-brown patches, in size varying from the palm of the hand to a plate or larger, of manifold shape, situated on various parts of the body, and more or less circumscribed and sharply defined. This term *chloasma* has been used with the widest latitude of meaning. Compare, for instance, the different names applied to that variety which so frequently affects the forehead of women. *Bärensprung* calls it *melasma*, *Klein-hans melasma*, *Hardy* both *chloasma* and *ephele*, *Bazin melasma*, *Neligan ephele hepatica*, *Hillier ephele lentigo*, and *Wilson* both *melasma figuratum* and *chloasma*, though by the latter he means *pityriasis versicolor*, an entirely distinct and parasitic affection. Prof. Hebra recognizes an idiopathic and a symptomatic *chloasma*; of the former three sub-varieties, viz., *traumaticum*, *toxicum*, and *caloricum*—and of the latter two, viz., *uterinum* and *cachecticum*. These terms, of course, imply rather variety in causation than in appearances. Under *melasma* he alludes very briefly to darkening of the skin more or less universal in extent, such as accompanies several obscure forms of disease, as *pellagra*, *sclerosis*, *morbus Addisoni*, &c.

With regard to the treatment of these pigment stains, even of those of limited extent and tending to spontaneous variation, like moth upon the face, one gains but little additional confidence in his power over them after the perusal of Hebra's section upon the subject. As the pigment cells are the youngest and deepest of the Malpighian layer, it is evident that their removal by local means involves the removal also of everything above them. In the selection of remedies possessing this property of destroying the epidermis he calls our attention to the

fact, that the action of some of these is followed by the production of an epidermis which contains more pigment than before, while after the action of others the newly formed cells contain less than previously. Among the former are croton oil, mustard and cantharides; among the latter acetic acid, borax, the caustic alkalies and corrosive sublimate. It need scarcely be said, then, that our choice will be made from the latter, and experience has demonstrated that the last named of them is the most reliable, whether we use it as a rapid vesicant or accomplish the same object more gradually by dilute solutions and imperceptible desquamation. In either case the result is too often but a temporary success, but the latter method may be used continuously and without detriment.

Atrophy of Pigment.—The second division of these affections, characterized by a deficiency or absence of the coloring matter of the skin, is called leucopathia. Two forms are recognized by the author, one congenital, which is either partial or universal, and is called albinismus; the other acquired, and occurring either consecutive to or as an accompaniment of other pathological changes in the skin, or idiopathic, and then called vitiligo. This latter disease, which presents by far the greatest clinical interest, is thus defined:—A peculiar affection marked by the appearance upon the skin of round or oval, sharply defined, white, and smooth spots, which constantly increase, their edges being surrounded by abnormally dark pigment, as if the coloring matter had been washed from the centre to the periphery. The hairs growing from such spots may or may not also be deprived of their pigment. Otherwise there is no change in the normal anatomy of the skin and its functions, in resistance, thickness, temperature, or sensation, even when large portions of the general surface become thus gradually affected. There are no accompanying subjective symptoms either in the course of the affection. These are negative conditions of great importance in point of diagnosis, inasmuch as this simple and harmless affection is often confounded with the early manifestations of other and grave diseases, in which the pigmentary as well as the other tissues of the skin are alike affected. In leprosy, elephantiasis græcorum, for instance, loss of pigment in patches, with increase of the same in others, is the first symptom of one of its varieties; but with this change is more or less thickening or anæsthesia of the parts. In another form the spots are bet-

ter defined, but the skin is atrophied and often surrounded by an elevated border of a variety of colors. In this variety the atrophy does not stop with the cutaneous tissues, but extends to everything below—to muscle, bone, &c. This latter form Kohn considers to be the same as that affection so prominently described of late by English dermatologists as morphœa. In the treatment of leucoderma in all its forms we are helpless. The newly formed cells of the rete mucosum do not receive from the blood-vessels of the papillæ their normal coloring matter. This is the state of things; why it is we do not know, nor can we change it.

With the third of our divisions above given, extraneous and artificial pigmentation, the volume has at present of course nothing to do.

The Hair.—The term hypertrophy is applicable to this appendage of the skin in two ways, either in respect to the unnatural development of single hairs, or to the growth of normal hairs in abnormal quantity or position. The chapter on hypertrichosis or hirsuties contains little that is new or interesting, or which may not be found in other works; but the subject of Plica polonica (Weichelzopf) is treated of at length for the purpose of demonstrating that no such disease exists, but that the appearances thus called are produced solely by mechanical felting of the hairs through neglect of the comb and other means of cleanliness, which seem incomprehensible to those who have never seen the extent of filthiness in which some races live. Strange to say, the necessity of such argument, even among dermatologists, exists.

Atrophy.—Under this head Kohn treats both of the loss of the pigment of the hair, and of the hair itself.

With regard to the much vexed question, "How does the hair become gray?" Hebra and Kohn agree in their conclusions that this never takes place from any change in the tissues of the hair when once formed, but that it is always caused by a cessation in the development of the pigment in the papillæ; that this arrest of development is generally at first an interrupted process, so that alternations of activity and cessation occur, and only gradually does the individual hair become throughout, and from below upwards, entirely gray or colorless; that hairs which appear quite gray to the eye will be seen by the microscope to contain still more or less pigment in the medullary substance; and that this temporary arrest and activity of pigment development explain the ringed hairs often observed,

and the changes of color which occur after certain diseases. They do not hesitate also to refuse all credence to theories or observations which go to support the possibility of a sudden blanching of the hair. There is no doubt that this belief has, until within a short time, rested on quite unreliable evidence, but it seems to me that the one or two positive observations which have been made, like that of the well-known case of Landois,* are not to be set aside in this light way, and that we must admit the possibility of changes within the substance of the hair of sudden occurrence, which may cause an opacity simulating loss of color, even if it do seem well-nigh impossible to explain how all the hairs of a man's head could become filled with air-bubbles in a single night. Hebra is loth to believe anything he has not had opportunity of observing himself, but he must show us that Landois is an unreliable observer, or the fact of such possibility must stand. There can be no doubt, however, of the correctness of his views concerning the ordinary process of graying of the hair.

Atrophy applied to the hair implies either alteration in nutrition or structure. For the former affections one common name is used by the author, alopecia, whatever the cause. They are divided into congenital and acquired alopecia. The latter is subdivided into senile and premature, and the last named again into idiopathic and symptomatic. It is these latter affections which, from their frequent occurrence, chiefly claim our attention. The only representative of the idiopathic class, according to Kohn, is that mysterious affection variously called, *area celsi*, alopecia circumscripta, porrigo decalvans, and by him alopecia areata.

This is characterized, as is well known, by the occurrence of *bald spots*, more or less circular in shape, which have generally attained some considerable size before they are discovered. The skin of such portions of the scalp looks rather paler than normal, shows no trace of former growth of hair, is smooth, and perhaps either slightly elevated and elastic, or else depressed and firmer than the surrounding parts. It may, however, with the exception of this loss of hair, and consequent retrocession of the hair follicles, appear natural. It affects, too, as is known, the beard and eyebrows, and may extend to the other hairy portions of the body. There has for a long time been a dispute as to whether this affection is of parasitic origin or not, many recent derma-

tologists maintaining that it is not, because they fail to find the fungus in the cases examined, and of this latter opinion are Hebra and Kohn. On the other hand, such observers as Bazin and Hardy state that they have seen such a fungus as Gruby described, and Fox, Hutchinson and Anderson consider it parasitic, and such statements cannot be set aside, as our authors would have them, on the absurd ground that these gentlemen have confounded ordinary ringworm of the scalp with cases of this affection. A single positive observation of theirs outweighs of course a thousand negative attempts of their opponents, and must be accepted as demonstrating that in certain and exceptional cases, not to be distinguished clinically from the majority, appearances in every way resembling ordinary alopecia areata are caused or accompanied by the growth of a peculiar fungus, and this plant is apparently the same in all the cases in which it has been seen by these various observers. To these I am able to add an unmistakable instance of the disease in which the parasitic element was unmistakably present, the only one in some twenty cases which have been under my observation, although they were not all carefully examined by the microscope, and some of them were so far advanced as to present but few hairs remaining for examination. It seems fairly demonstrated, then, that there is a parasitic affection of the scalp, which differs not at all in appearance and course from ordinary non-parasitic alopecia areata, just as a parasitic sycosis exists in spite of a similar argument against its existence from the Vienna school. The statement of Rindfleisch, recently made in the *Archiv für Dermatologie*, that the disease is caused by an anatomical change in the structure of the hair, seems to be set aside by the observation of the author, that he has seen the same appearances occurring quite as frequently in the hairs of persons not affected with this disease. Thus far no appearances peculiar to the non-parasitic form of this affection have been observed, nothing, in fact, to explain its nature, so that Kohn is obliged to fall back upon the theory of functional nervous derangement for a cause. To me this is by no means a satisfactory explanation of all its phenomena, as the other tissues and functions of the skin are in no way altered, and its gradual spread from a single central point in many cases over large surfaces remote from each other and supplied by distinct nerves, is opposed to such a theory. Its simultaneous occurrence in several members of the same family, and in persons of

* See this JOURNAL, vol. lxxv. p. 112.

robust health, too, does not lend it support. In the way of treatment nothing new is proposed.

Under symptomatic alopecia, among other casual affections which may give rise to *defluvium capillorum*, we find discussed at length that condition, the most frequent of all causes of premature baldness, *alopecia furfuracea*, or *seborrhœa*.*

To return to the hypertrophies. Hebra describes briefly under the general title *Keratoses*, such affections as *callosities*, *corns*, *cutaneous horns*, *warts* and *ichthyosis*; and Kohn follows with valuable chapters on hypertrophy of the nails, on *scleroderma*, on *elephantiasis arabum*, of the extremities, genitals, and the congenital form, *elephantiasis teleangiectodes*, and on *frambœsia*, a name hitherto applied to all sorts of moist excrescences of various shapes upon the skin, both syphilitic and non-syphilitic forms, for the latter of which he suggests the name *papilloma*.

Under atrophies, in addition to the affections already mentioned, Kohn describes as *xeroderma* a rare and parchment-like condition of the skin, not to be confounded with the variety of *ichthyosis* to which the same name has been applied by Wilson; the *multiform degeneration* of the tissues of the skin called *senile atrophy*; and the *striæ et maculæ atrophicæ*, once regarded as proof of pregnancy, even upon the skin of a virgin.

The impossibility of continuing the consideration of these very interesting and various affections in any proper manner within the limits of an article like the present, prevents anything beyond this simple enumeration of the contents of the remainder of the volume. Enough has been said to show that it treats of many of the most obscure forms of cutaneous disease, and in a manner with few exceptions worthy of the great fame of the author and the bright promise of his co-laborer.

CICATRICES OF THE MEMBRANA TYMPANI.

From Lectures delivered by Professor ADAM POLITZER.
Communicated by Dr. EDWARD MILLINGEN, Assistant to the Otological Clinic, Vienna.

PATHOLOGICAL perforations in the membrana tympani show great diversity of behavior.

* The very great prevalence of this affection and the frequent deformity to which it gives rise, have led me to translate the chapter relating to it, with its valuable details of treatment, rather than to attempt an abstract of it in this article. It will appear in a future number of the JOURNAL.

Sometimes extensive destruction may be restored by the formation of cicatricial tissue, while in other cases the healing process of small perforations is totally arrested, their margins having been covered over by connective tissue. Cicatrization of perforations begins by the exudation of plastic elements on their margins, which are by degrees organized.

Experience shows how difficult it is to determine under what conditions perforations are likely to close. Artificial openings in the *membrana tympani* close almost invariably. The size of a perforation is not to be depended upon. The most extensive reorganization of the membrane that Politzer has yet noticed was in the case of a young man who suffered from a discharge in the right ear for five years. A year ago, the only visible remains of the membrane were seen near the short process of the malleus. The bare handle of the malleus stood free in the opening, and behind it the dark mucous membrane of the promontory. Behind and above the *processus brevis* was seen the articulation connecting the *incus* and *stapes*. The hearing was so greatly diminished that the patient could not hear the loud tick of a watch when in contact with the ear. A loud voice was heard at one foot. A few weeks ago, Politzer found the membrane restored, with the exception of a small oval opening below the end of the *manubrium mallei*.

The healing process of perforations begins by the exudation of greyish-yellow plasma on the margins of the opening. As this plasma is being organized into cicatricial tissue, the opening diminishes gradually in size until it is obliterated, generally leaving a thin cicatrix, which is sunken in and possesses a bright spot at its deepest part. Its borders are very sharply marked.

The structure of such cicatrices varies. They either consist of real fibrous tissue, or, as Politzer has noticed, of a membrane void of structure, but covered on both sides by pavement epithelium. The elastic fibres of the *substantia propria* of the *membrana tympani* are either altogether absent in the cicatricial tissue, or project here and there into its peripheral parts. Not seldom does one meet with new vessels winding into the outer layers of the tissue, and to all appearances of venous nature.

The functional disorder caused by cicatrices on the *membrana tympani* does not stand in any relation to the size of the cicatrix. It has been noticed that large cicatrices, occupying two-thirds of the membrane, have caused very little trouble to the

hearing, while smaller ones have been accompanied by severe deafness. This, of course, depends on the accompanying changes in the articulations of the ossicula, caused by the previous discharge.

Cases have, however, been noticed in which the cicatrix is the direct cause of deafness. This depends on the elasticity and consistency of the cicatricial tissue. A thin and relaxed cicatrix is more likely to interfere with the movements of the membrana tympani, or change the tension of the ossicula, in consequence of its incapability of resisting the pressure of the outer air.

Deafness is much more serious when a cicatrix is so far sunken in that it comes in contact with the promontory. The vibrations of the membranes are thus considerably hindered, although the cicatrix is not adherent to the promontory. This is clearly seen when the deafness brought on by such a complaint is greatly ameliorated by inflating air in the tympanum and thus pushing the cicatrix away. The deafness returns again as soon as the air in the tympanum has been absorbed, and the cicatrix resumed its former position. This may also be the case when the cicatrix is deeply sunken in without touching the promontory. If, in such cases, it has been confirmed by means of the catheter that no catarrhal thickening or secretion is present, the relapse of deafness may be attributed to the cicatrix itself.

In a previous work, Politzer reported a number of cases in which rupture of thin cicatrices followed the use of the catheter, and his method. In most of these and similar ones observed by Pagenstecher, Schwartze and Schurig, astonishing and permanent amelioration was the immediate result, although the treatment previous to the rupture was followed by very short benefit. Politzer assumes that such durable amelioration is caused by a change effected in the texture of the cicatrix. A slight degree of inflammation having been brought on by the rupture, the tissue is endowed with greater power of resistance. Hence the abnormal tension of the membrana tympani and ossicula is diminished, and the transmitting apparatus performs its functions with more regularity.

Guided by such experience, Politzer determined to bring on a slight inflammation in cicatrices, by making incisions into the tissue, restricting himself only to cases in which the repeated relapse of deafness was caused by the relaxed state of the cicatricial tissue.

An incision should be made in the deep-

est part of the cicatrix. An ordinary paracentesis needle is very well suited for the purpose. Air should be inflated into the tympanum after the operation, in order to convince the operator of his success. When the cicatrix has been pierced, the air should stream out into the meatus.

This operation has never been followed by inflammation or suppuration. The borders of the wound generally close on the next or third day after the operation, and the cicatrix is less sunken in. Inflation should not be practised before the third day, and then a very weak stream should be used. This may be done best by blowing in with the mouth instead of the air bag. It was also noticed that sometimes one operation is not sufficient to secure permanent benefit. It is then necessary to repeat the operation on different points of the cicatrix, at intervals of two and three days.

In recommending this operation, Politzer remarks that the excision of a portion of the cicatrix is attended with danger of suppuration.

Taking into consideration the fact that improvement in hearing following repeated incisions into cicatrices can only be attributed to the consequent retraction and thickening of the tissue, it may be assumed that the same change may be brought on in the relaxed tissue of membranæ tympani. This operation for long standing obstruction of the Eustachian tube has been followed by very good results, especially in cases in which the membranæ tympani were relaxed, thin and sunken inwards.

A CASE OF MENINGEAL RHEUMATISM, SIMULATING CEREBRO-SPINAL MENINGITIS.

Read before the Boston Society for Medical Observation,
by J. G. BLAKE, M.D., Boston.

Notes by Mr. L. S. DIXON, House Officer, City Hospital.

THE patient, a strong, healthy boy of 19, was employed in storing-lumber in a steam-heated drying-room, from which he would often go home or into a cooler place while in a profuse perspiration. Oct. 26th, he was attacked with headache and pains all over the body; these continued to increase until the 29th, when he was obliged to go to bed, with chills and severe pain in head, back and limbs. On the 31st, he entered the Boston City Hospital. He was very weak, with intense headache over the whole head, severe pain in back and great tenderness along the whole length of the spine, preventing entirely his lying on his back.

The head was thrown fully back and held stiffly, forming with the spine a well-marked curve. Some pain also in abdomen, with tenderness and gurgling in right iliac fossa; no diarrhoea, no rose spots, no epistaxis. Hearing somewhat lessened. The patient was very forgetful, unable to remember the question asked long enough to answer it, but answered rationally if roused and urged. Groaned continually, and complained of head with nearly every breath. Pulse 84, very irregular, but full. Respiration 32. Temperature 102. Skin warm and moist; lips dry and cracked; teeth covered with sordes; tongue slightly coated in centre; very little appetite; considerable thirst. He was ordered—

R. Liq. ammon. acet.,

Spts. æth. nit., aa 3ss. M.

to be taken every two hours. Also—

R. Potassii bromidi, gr. xx. p. r. n.

The next day the condition was about the same, but in addition to the cephalalgia he complained of great pain in the left knee, which was red and considerably swollen; he also experienced double vision, and objects appeared side by side and nearly two inches apart. His condition remained unchanged for the next few days.

Nov. 6th.—The patient had improved some, though the headache was still severe and exposure to the light was very unpleasant. He still lay in a curved position, though the neck was more movable. One eye was constantly closed on account of diplopia. The knee was less painful. Appetite very good. Temperature remaining at about 101°. On the 8th, he could lie on the back and move the head easily. On the 13th, patient was quite comfortable, complaining only of stiffness and some pain in knee. Tongue clean. Headache and diplopia gone. Temperature 99°. On the 15th, severe headache, with partial return of diplopia. Knee almost free from pain and swelling. From this time he continued to improve slowly, until the 23d, when, at his own request, he was discharged, feeling very weak and stiff, but free from pain.

CONTINUOUS DILATATION IN STRICTURE.—Sir Henry Thompson is not an advocate for continuous dilatation in simple stricture, believing that better and safer results are obtained by withdrawing the catheter or bougie immediately after it has entered the bladder (as Luxmoore recommended) than by leaving it in the urethra from a few minutes to half an hour, as practised by some surgeons.—*Dublin Quarterly Journal*.

Medical and Surgical Journal.

BOSTON: THURSDAY, APRIL 6, 1871.

IN justice to the contributors who have so abundantly supplied us with matter for this week, we yield to them the usual Editorial space, and also send out four additional pages.

THE SECOND ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF MASSACHUSETTS.

MESSRS. EDITORS,—I offer you a partial analysis of the document mentioned in the caption, there being no room for criticism either in your pages or in the character of the pamphlet. We are surprised at the amount and value of the work accomplished by the Board of Health during the past year. The Report consists of 483 closely printed pages octavo, and is illustrated with instructive maps. It begins with the "General Report of the Board." This first gives us a statement of the—

"*Legislative Results of last Year's Labors*.—Among the most agreeable results of the labors of the Board last year was the passage, by the legislature, of an act of incorporation to enable certain persons to build an abattoir at Brighton. The same act imposed upon the Board very important duties in reference to the building itself and to the establishment of sanitary rules upon which it was to be subsequently managed. We hailed this act as one destined to bring great benefit to the comfort, health, and, we may add, to the wealth of Brighton. We regret to say that, as yet, no practical result has come from the act, owing, as we have good reason for believing, to the persistent opposition of the butchers of that town. The Board desires to bring the subject again earnestly before the legislature and whole community, as well as before the citizens of Brighton.

"We are informed that indictments are now pending against three or four slaughter-houses in Brighton as nuisances to the immediate neighborhood.

"We may also remark that the building of an abattoir, with its thorough sanitary rules, is quite as important to the community at large, consumers of the meat slaughtered at Brighton, as to the inhabitants of that town. The Commissioners on Cattle have already ordered that no cattle shall be carried from Brighton. Many affected

with the 'foot and mouth disease' are liable to be slaughtered at private establishments in different parts of the State and the meat then sent to the consumers, and eaten. This cannot be prevented until proper inspection before the killing of the animals can be enforced, as is now done in all the regularly constituted abattoirs of Europe.

"In order to aid still further a true appreciation of the importance of this subject, we recommend the perusal of two reports presented this year, viz.: upon 'Health of Towns,' and upon 'Typhoid Fever in Massachusetts.' In these reports, besides an immense mass of evidence going to prove the deleterious results arising from the decomposition of animal refuse, some of our correspondents allude especially to the bad effects caused by proximity to slaughter-houses."

Next comes a notice of the Foot and Mouth Disease in Cattle—Its Effects on Man. Under the head of "Overcrowding of Tenement Houses and Want of Clean Streets in Boston," is given a letter addressed by the State Board of Health "To the Board of Aldermen, Health Commissioners of the City of Boston," upon the subject in question. The Report says:—

"A reference to the report by the Secretary upon the health of the city of Boston will show the influence of this letter. It seems to have been small indeed."

We will add—what does not appear in the Report—that the Secretary, Dr. Derby, was also one of the "Consulting Physicians" of Boston. In that capacity he with his associates labored to impress upon the City Government the necessity of enforcing the law against nuisances in the shape of filthy streets and houses. All in vain! Accordingly Dr. Derby, Dr. J. C. White and Dr. P. P. Ingalls resigned their offices as Consulting Physicians; and your Editorial commendation of their course has been quoted by the London *Medical Times and Gazette*, with further words of approval, under the head of "A Spirited Resignation."

"Smallpox in Massachusetts" introduces the neglect of vaccination in Holyoke, in consequence of which there were 167 cases in that town, and 36 deaths from that loathsome disease.

"The special investigations made under direction of the Board during the present year" deal with the subjects of Poisoning by Lead; Trichiniasis in Massachusetts; Health of Towns; Charbon or Malignant Vesicle in Massachusetts, with a highly

valuable *résumé* of the latest views on contagion, and on disinfection with carbolic acid, by Arthur H. Nichols, M.D., of Boston; Typhoid Fever in Massachusetts; Homes for the People; Alcoholic Drinks—with information derived from correspondence throughout the world; Mortality of the City of Boston; Ventilation of School-houses; Mystic Pond Water; Air and some of its Impurities; Health of Minors employed in the Manufacture of Cotton, Woolen, Silk, Flax and Jute; Sewing Machines.

This preliminary chapter concludes with a statement of the—

"*Expenses of the Board.*—It will be seen by the following statement of accounts that our Board has expended \$2,288.35, which is less than half of the sum which the legislature appropriated for our use in 1870.

"We trust that the same liberality and the same generous confidence in the intentions of the Board will be continued in 1871. It is always necessary to have some reserved fund for extra work which may suddenly occur.

"The Secretary has already in behalf of the Board asked for an appropriation equal to the sum granted last year. If this be allowed, we shall promptly enter upon new tasks and with renewed zeal; in full confidence that all money expended by us will in the end be amply repaid to the State."

A note of admiration (!) is all that we would append to this little balancing of accounts.

After a brief special report by the Secretary, come the papers treating of the various topics above rehearsed. To reproduce all that is valuable in them would be to reprint them entire. A few of them, however, challenge notice as of necessity.

The paper on the "Examination of the Water of Mystic Pond," &c., has already proved of the utmost practical moment to the custodians of that source of supply to water-takers. It has shown that the pollutions (by tanneries, &c.) which now enter the Mystic water are subjected to something like homœopathic dilution and trituration—or, as the chemists say, to "dilution and oxidation." These two influences, we are told, are sufficient *at present* in the case of Mystic water to render it, as received at Charlestown, Somerville and East Boston, unquestionably good and wholesome, though not quite equal to the Cochituate. A large *increase* of the present pollutions, however, says the examiner (Mr. William R. Nichols, of the Institute of Technology), would afford reason to appre-

hend danger to the water-takers. The paper is accompanied with a map, showing the region drained by Mystic Pond.

Homes for the People.—This subject is presented by the Chairman of the Board, Dr. H. I. Bowditch, in several sections, each of which is a distinct statement, and may be read without reference to its companions.

Dr. B. describes—

"*First.*—A night-stroll with a London police inspector, compared with a similar one taken afterwards in Boston.

"*Second.*—Operations of philanthropy, solely or chiefly as shown in the Peabody Buildings and Miss Burdett Coutts's Market, Reading-room and Home at Columbia Square.

"*Third.*—The operations of the 'improved Industrial Dwelling Company;' or, philanthropy and capital united, with success to both.

"*Fourth.*—The Jarrow Building Company, by which a tenant becomes a proprietor of the home he lives in.

"*Fifth.*—Organized work among the poor, inaugurated by Miss Octavia Hill, assisted by Mr. Ruskin and others.

"*Sixth.*—A comparison between a model lodging-house, and a low tenement-house in Boston.

"*Seventh.*—Convalescent homes."

The "night stroll with an Inspector of the London Police" was taken on the evening of July 20, 1870, when Dr. Bowditch started with a friend on a walk through the purlieus of Whitechapel and of Ratcliffe Highway, two of the most noted thoroughfares of vice, crime and poverty in London. The narrator gives a graphic account of the persons he saw and *felt* in this labyrinth, but forgets to give us a picture of any particular den; merely saying, in a general manner, that the private houses into which his guide led the way were "wretched and filthy enough to drive away any one not wholly lost to decency and cleanliness." The hiatus, however, is easily supplied by recollecting the descriptions of Dickens.

Subsequently, that is, at 8½, P.M., of Dec. 1st, 1870, Dr. Bowditch and Dr. Derby (Secretary of the Board) met by previous appointment at the Hanover Street police station, Boston.

"Our guide not having arrived, we sat a half hour, and during that time, a well-dressed but drunken woman was brought in reeling, and she was forthwith transferred to the cells below. Soon afterwards, a man, who said he was about 50 years old—a 'worker along shore,' and who got his meals 'here and there on the street once in a

while,' and who 'had no home,' claimed a lodging. He was kindly received, but I saw none of the paraphernalia of Dickens's Casual Ward, and no food is usually given.

"The station, in every respect, is superior to that at L—— Street, London, both for the police and the prisoners. This was probably owing, in some measure, to the fact that the Boston station was built for the purpose, whereas that in London is an old building, aristocratic looking, it is true, with its sweeping and ornamented staircases, and its large rooms. But they are not adapted to the purposes intended, even in that portion occupied by the police; and in others where the prisoners were kept they were rather crowded. The Boston station, however, I do not think, in some respects at least, entirely proper for human beings, however degraded, to be compelled to stay in even for a short time. The cells are in the cellar. They seem clean. The out-sides of them are scrupulously nice. The comforts for passing the night are very small. Four persons can be shut in one room. Four *bunks* are arranged in some, and these are made of strips of thin iron about an inch wide. At the head these strips are sloped, apparently to serve as a pillow. No mattress or even straw to lie upon, or covering of any kind were visible. The whole cellar, at the time of our visit, was heated intensely by means of steam, or hot-water pipes. 'We have no blankets,' said our guide, 'so we have to keep the room warm.' * * * * *

"Soon afterwards we started on our walk, and almost immediately entered Stone's yard, where about a year ago a murder was committed. Our guide, lighting a bit of tallow candle which he carried with him, led us up a broken and dirty staircase, which, for its filth and dilapidated condition, was quite equal to anything I saw in London. In the chamber of murder we found a mass of extreme wretchedness. A young man was crouching beside a hot hard-coal iron-pot stove, while another, a red-eyed, sinister and dogged-looking youth, was seated, apparently for want of any better place, on the foot of a nasty bed. One old woman was gleaming with her skinny fingers bits of coal from a mass of half-burned ashes and cinders, while another stealthily looked at us from a corner where she sat upon the floor. I felt quite secure with our guide, but I should have shrunk from being there alone at night. 'How came you here?' asked our guide of the red-eyed individual above alluded to. 'I came to visit that man,' was the only and curt

reply. 'And who is he to whom you spoke?' I asked, after leaving the filthy spot, and getting into the open air. 'He is a thief, and has no other business. He is not a bold operator. He steals little things, here and there. He loves to rob drunken men when they are asleep upon the sidewalk or door-steps, and sometimes he makes a fine business of it. One of the prisoners you saw this evening was found drunk, and with over two hundred dollars in his pocket.' The passage-way leading to this court, and the court itself, are simply infamous with their stinks. That sharp Saxon word alone expresses the thought I wish to convey. The privies were filled to overflowing, and covered with nastiness to the extent of two or three feet from the seats, when I visited and inspected them six months ago, and from what our noses and our eyes, with the aid of our dim light, could perceive, there has been no improvement in the interval. * * * * Many of the lodging-places are simply horrible. To know this, stoop with us, and crawl cat-like down this dark cellar-way, and see a *home* in Boston! This cellar room is scarcely high enough for us to stand erect. One can easily almost touch each of the four sides while standing in the centre of it. The floor is dark, dirty and broken; apparently wet, also, possibly from the tide oozing up. Two women are there, commonly, yet rather tawdrily dressed, and doing nothing, but apparently waiting, spider-like, for some unlucky, erring insect to be caught in their dusty yet strong meshes. Tubs, tables, bed-clothes and china ware, are huddled incongruously together. Our guide strikes a match by the stove, and then opens a door into a so-called bed-room. It is a *box*, just large enough to hold a double bed. No window is in it, no means of ventilation, save through the common room up the cellar steps. The bed is of straw, covered only by a dirty blanket. Everywhere is the picture of loathsome filth. The stench, too, of the premises is horrible, owing to long accumulated dirt, and from the belching up of effluvia from solutions of dark mud, reeking with sewage water from the city drains and water-closets. It is difficult for us to breathe in the tainted atmosphere. We feel ourselves enveloped in a physical atmosphere most horrible, and a moral one most degraded. We glance into another 'bed-room!' opening by another door into this common room. It is a fac-simile of its neighbor. Upon the dirty blanket lie recently washed and finely starched wrist-cuffs, and the jaunty modern

hat and feather now worn by all. The strange contrast between fashionable neatness and exterior properties of appearance with supreme nastiness was never more strongly manifested. 'How much do you pay for these rooms?' we asked, as we turned to leave. 'Four dollars a week!'

"Take care of your heads," said our guide, as we again, in single file, crept up the cellar stairs, and tried to breathe again freely in the open street, after stooping low to avoid the blow we should inevitably have received if we had walked erect. 'Yet,' quietly remarked our guide, 'in just such places, strangers, men of respectability from the country, go and lose their money and their watches, and then come stealthily to us begging us to regain their property without bringing shame on themselves.' What a revelation! I saw no worse home in Whitechapel. I even doubt whether any so bad can exist under English law. And this was not a solitary example. We visited several of the same type. If any faith can be put in the idea of an overruling, retribution-paying Justice; if any confidence can be placed in all the deductions of modern sanitary science, Boston will sometime suffer the heaviest of penalties for its great guilt in these matters. Nay, is it not even now suffering the direst of calamities in the deleterious influences exerted on every child born within such dens? * *

* * One might as well hope to train up a California pine in the darkness of a cellar, while bruising each hour some tender shoot as it is struggling towards the light and air of heaven, as to raise a child to perfect physical health, real learning and virtue in such a spot. And yet such spots are numerous in Boston. Proud is our city and justly so of her churches, her religious freedom and her public schools. But of what use are her churches, her freedom and her schools to those of her children whom she allows to grow up in such places as these I have attempted to describe. All these advantages are a mockery even and a snare; for while we piously exclaim, 'See how good and learned we can make our citizens,' at the same moment we are allowing such evil influences to exist broadcast amongst us. I am not such an optimist as to believe that we can root out all vice by building houses, but I do contend that if for no other purpose, for the physical good of the persons themselves, and for the safety of the public health, nuisances like this vile abode I have attempted to describe should be summarily dealt with by the law, and that bet-

ter houses should be everywhere erected for the people, even the most vicious and degraded."

On hearing of such places as those just described, some exclaim that they should be razed to the ground—that a fire that sweeps away such rookeries is to be welcomed! But stop! Would you drive the inmates to sleep on the wharves or on dust heaps—to freeze, perhaps, in lodgings *al fresco*? You must first provide tenements more worthy of human habitation, and then the sooner those dens of abomination are swept with the besom of destruction the better. It is precisely here that the English municipal law and English philanthropy step in. It is here that aristocratic London is found to be far in advance of any city in this our land, which we boast to be the poor man's paradise. London has provided places of refuge (which are not also places of confinement) for the poorest and vilest! When we have done likewise, then we may take our position, perhaps, in the advance, and do what she has done—ordain that our rookeries shall be abolished, as we condemn unseaworthy ships.

Let us re-join Dr. Bowditch in his night inspection of the purlieus of London:—

"We entered and examined one of the public lodging-houses, where the poor, vicious or criminal congregate at night, and which, for the past few years, have been under the strict surveillance of the police. Any man has a right to open one of these houses, but he must do so in strict conformity to law, and be constantly inspected by the police. We saw one house capable of receiving three hundred males. We stumbled up the clean, but uneven and rather circuitous staircase, and entered a large room nearly filled with single and narrow cots. Many of them were occupied with stalwart men. In the dim light of a low gas-jet their half-naked forms looked Herculean, as the men either slept unconscious of our presence, or hastily drew up the covering which the warmth of the night had induced them to throw off. Every such public house is obliged to be kept clean, and to provide at least three hundred cubic feet of air for each lodger. Usually there are passages for ventilation permanently opened in the walls. Plenty of water and numerous wash-basins are found below. Immense kitchens, with their perpetually burning fire in the grate, afford to each lodger the means of cooking his meal. In one of these houses, occupied by known thieves, nothing easily portable is seen. Even the brass stoppers of the wash-basins have dis-

appeared—a bit of cork, having no real value, alone remains. No knives or forks are to be found; they have been stolen, and no new ones have since been bought. In such lodging houses, whether in the 'thieves' quarter' or elsewhere, 3d. per night is the price for lodging, or 18d. per week.

"One or more lodging houses we visited in which both sexes are admitted. Theoretically, only married persons are admitted, and each couple has one pen, so to speak, allotted to them for 6d. per night. That is, a large room is divided into compartments just big enough to hold a double bed, and to allow a small space in which to move around. Each partition wall is about eight feet high, but not reaching to the ceiling, which gives in a general way some circulation of air. One cannot be sure that such places may not be used at times as assignation houses. But there is little danger of this difficulty becoming too common, for over these, too, the police have despotic control; and a house would be closed that became infamous for prostitution when intended simply as a healthful lodging house. Long after midnight our walk continued. About a quarter to 1, A.M., our guide rang the bell of the 'Casual Ward' of the district. Similar places, under the same name, are now to be found almost everywhere in England, and usually in connection with the union poor-houses.

"Wherever in England a houseless wanderer appears at night, there will these evidences of Dickens's generous heart and all-powerful pen be found ready to receive him. They have their origin in the fact that he, in the very locality where we were then standing, had, during one of his midnight strolls with the police, seen many persons lying one cold night on the doorsteps of the Union Workhouse—they had been refused admission even there, 'because of want of room.' Dickens's feelings were enlisted, and he used most efficiently his voice and his pen, until, by law, every man, woman and child in England who needs shelter can claim, at least for one night, lodging, a supper, a warm bath and a breakfast next morning, and perhaps some articles of new clothing are given if those used before entrance be ruined or contain any 'contagion' that will be injurious to the public health. In payment, a certain amount of labor is performed if required.

"The porter soon responded to our summons. We examined everything about the establishment. It was of that exquisite neatness and cleanliness so peculiar to Eng-

land. The bath-tub was as white as the driven snow; the beds were compact and clean; the floors without a trace of dirt. In the reception room we saw the signature made by Dickens at his *last* visit to the spot, only a few months before his death.

"In conclusion, I will express my admiration for the way in which English law, and its official, who accompanied us under that law, deal with the public lodging-house system of the poor, and with the poor and vicious themselves of London. The rooms and walls of some of the buildings used as common lodging-houses in Whitechapel, are as clean, if not so fine, as those of many a palace, or humbler English home. At present, the law does not feel at liberty to be so despotic in regard to the English working-man's *private* home. If he choose to have filth in his own premises the law does not usually prevent it. It is his castle, and therefore sacred to private right—a most noble maxim indeed, unless it be carried too far. I believe the time will come in England, and in Massachusetts also, and it will come with the consent of the whole people, when the community will feel that an impure moral or physical *private* abode is a nuisance and crime against humanity, as much in quality if not in degree, as the filthy, ill-ventilated public lodging-house, and as such it will be abated, if need be, by law.

"Again, this thorough police inspection of public lodging-houses of the poor is the commencement of a great sanitary reform. It is complementary to the many private enterprises for improving the houses of the people, as now carried on by private charity, or by enlightened capitalists."

We must pass over Dr. Bowditch's statements of the results of his thorough investigation relative to some of the means now in operation in England for improving the homes of the people, though we wish that his whole series of papers in the Report might be re-printed and distributed to every tax-payer in Boston. We quote, however, the following from his summary:—

"*Second.* I have briefly described the Peabody and Burdett Coutts Buildings. I have given them as illustrations of philanthropy, and of its effects upon the dwellings of the laborers, and their results upon the health and morals of the people.

"*Third.* I have shown in my notice of the operations of the 'Improved Industrial Dwelling Company,' *how philanthropy and capital can join hands and each reap an*

*ample return for its efforts made and for means given.**

"*Fourth.* I have indicated the workings of the Jarrow Building Company, in which the tenant, besides gaining all the advantages afforded by the preceding methods, is stimulated to become himself the proprietor of his own home.

"*Fifth.* I have described the extraordinary and yet simple labors of Miss Hill, aided by the well-known writer on art, Mr. Ruskin, Rev. Stopford Brook, &c. By these labors the vilest dens of London have been reformed to neatness and morality, by the personal influence of the individuals engaged in the matter, while at the same time the relations of landlord and tenant have been rigidly enforced, all money-giving charity has been virtually abolished, and with all this there has been an ample return for capital invested."

Two facts are made apparent by Dr. Bowditch's revelations:—

First.—There are in Boston dwellings which are physical and moral nuisances: they are nuisances in the material sense as *foci* where disease is produced, and whence contagion spreads: they are moral nuisances, because no system of public school instruction can make good citizens out of the children growing up in those places.

Second.—These nuisances can and should be abated. Of course, the children of the vicious are not under any circumstances likely to grow up virtuous. But, the families of the unoffending poor may be rescued from surroundings subversive of self-respect, and may also be in a measure isolated from contamination.

"CONVALESCENT HOMES"—are for poor persons not sick enough to be retained in hospitals, but too feeble to work. England, says Dr. Bowditch, has reached the "really fine practical result which declares that *every community of any size, and each hospital in large metropolitan districts, must have a convalescent home.*"

It is suggested that a combination of our hospital and dispensary forces could easily work out such a provision among us.

SEWAGE. WHAT SHALL WE DO WITH IT? THE EARTH CLOSET. IRRIGATION OF LAND. DRAINAGE TO THE RIVERS OR SEA.—This is the title of the eighth and concluding paper.

This matter is of importance to us in Boston, in view of the future, when the whole of the Back Bay shall have been filled in and built upon. An extension of the present system of drainage, it is said, will be

* The Italics are ours.

fully adequate to at all times relieve that district of its sewage matter. But, may it not eventually make Charles River—*smell badly*? Now here, again, Dr. Bowditch's English experience helps us to a solution of this problem.

"A few years ago, the Thames became so offensive to the nostrils of all the citizens who came near it, that with one accord the believers in the actual noxiousness of these exhalations from it, polluted as it was by thousands of water-closets, and all others who did not like to have any unpleasant smell come betwixt 'the wind and their nobility' even if it be not unhealthy, united for the cleansing of the Thames. Accordingly, the city of London, under the 'engineering skill' of Mr. Bazolette, made two immense sewers, one on each side of the Thames, from the metropolis down to short distances below the two villages of Barking on one side and Crossness on the other. At these two spots, by means of huge openings closed by an elaborate system of gates, the flood of water from all London, after being dammed up for some hours, is twice daily at high tide let out into the Thames."

The experiment was successful, and the Londoners no longer held their noses because of the Thames. But, if the sewage emanations be pernicious to the inhabitants of the metropolis, why should they not be injurious to the simple villagers of Barking and Crossness? So thought Dr. Bowditch. And so had previously thought Dr. Parsons, of Barking. Well, Dr. Parsons set about with great zeal to prove this grievance by statistics. But his figures "wouldn't add up" so as to produce the desired result. Seventeen per thousand (17 per 1000) living is the death-rate of Barking! Dr. Parsons is a truthful man, and said so.

He was, says Dr. Bowditch, "surprised at this result. He remembered, moreover, that he had not been especially called to persons residing near the outlets, and there was no greater amount or peculiar character of disease prevailing there than at other spots in his circle of practice. Dr. Parsons drove me to the outlet. Our course for nearly half a mile was directly upon the top of the drain. Every few yards I saw gratings of iron, which I learned were the ventilators of the sewer, but I observed no special odor arising from them as I had expected. We were driving simply over a smooth greensward. Arrived at the mouth, I placed myself directly over the partially running stream. It was low tide, and I could see the whole of the opening. I stood over the ventilator just above the gates,

and where I knew that there was a large quantity of sewage water. I was still more surprised at the absence of odor in all these places. The keeper of the gates has a house and rears a family above, and between them and the outlet into the Thames. He assured me that he never observed any peculiar odor, and that his family enjoyed good health.

"The inferences I was obliged to make were: 1st, That by some means unknown to me the excreta had become deodorized during the water carriage; and 2d, That at present there was no proof that this deodorized sewage water of London does actual harm to those dwelling near it." And so Bostonians may take courage, and if, through the increase of the present system of drainage, the River Charles should become a source of offensive odors to their nostrils, they will have the resource of a *cloaca maxima* like those of London.*

As we pour much more water into our drains than the sewers of the English metropolis receive, the offal is presumed to be more easily deodorized in the former than in the latter; while at the same time the sewage matter, in proportion as it is diluted, is rendered less fit for manuring purposes. We, therefore, need not follow Dr. Bowditch over the fields he saw fertilized with London sewage, though we may mention that he there saw carrots four and a half inches in diameter at the top, and a

* We cannot help remarking here that if Mr. George Snelling's plan could be carried out, all necessity for this great sewerage outlay would be precluded. That plan, as we understand it, is to enlarge the present "full basin" on the west side of the mill-dam so as to occupy with tide water the whole area of the "Back Bay" not now built upon. This, surrounded by a broad avenue, would give an elegant street for residences and a superb drive and promenade, which, with Commonwealth Avenue connected with the opposite shore by a handsome bridge, would make Boston a more beautiful city than it can ever become in any other way. But the main point is this—the proposed arrangement would provide the town with an unequalled breathing apparatus. Would that it could be brought about!

In this connection I beg you, Messrs. Editors, to reprint the remarks of "S." in a recent number of the JOURNAL, on the "Climate of the United States." They are as follows:—

"If all this is admitted, the question comes home to us with grave significance. But a few years since, two or three hundred acres of water, renewed from the ocean twice in twenty-four hours, lay to the west of Boston, and in immediate proximity to the general breathing place of its inhabitants. Indeed, there was no portion of the city too remote to be reached by its salutary influence. The Commonwealth, however, claiming a vendible interest in the territory below low-water mark, has displaced a large portion of this water, and thus has, in fact, been filling its treasury at the cost of the health of one-seventh of its population. Is it not time to claim, in the interest of the masses of the people, whose condition in life forbids them to seek the healthful summer resorts, a reservation, if not an extension, of the yet unfilled water space, and thus a limited compensation be tendered for the mischief so inconsiderately done?"

foot long; also potatoes eight or nine inches long, and weighing, some of them, two pounds.

MORTALITY OF THE CITY OF BOSTON.—This paper is the condensed result manifestly of a great deal of labor. It contains long, elaborate and instructive tables, and is accompanied with a map of Boston, tinted to show the portions consisting of "made land." The map is marked off in twenty-four *Health Districts*, which are numbered from twenty to twenty-four to avoid all chance of their being confounded with wards. These health districts are arranged so as to be comparatively homogeneous as regards hygienic influences. The statistics are worthy of careful study. But we must limit ourselves to a few extracts.

"By tracing along the columns one may see how destructive each disease was in each district, and what proportion of a thousand died from it among the infants, among the young children, and among the adults. Thus, for instance, in the very populous northern half of South Boston (No. 30), we see that among 1,007 infants 4.9 in 1,000 died from scarlet fever, while in the region east of the Providence Railroad crossing, in what was lately Roxbury (No. 42), among 301 infants the deaths from the same cause were at the rate of 26.4 in 1,000.

Croup and diphtheria are in the same way discovered to have been more prevalent in districts 38 and 39, while three districts have had no deaths from this cause." * * *

The report had previously stated that district No. 38 is the southern half of South Boston, including Washington Village, and (together with No. 39) the low, marshy region on the borders of the South Bay, referred to in the "Report on Flats and Water Areas," presented to the last Legislature; and that district No. 39 is ward thirteen. Like the preceding district, a large portion is so low as to make drainage difficult if not impossible. It is being occupied, however, by tenement and other houses, in violation of the law relating to "wet and spongy lands." * * *

* * * "Cholera infantum is seen to have killed very nearly 68 in a thousand of all the nursing children in the city, and this in such enormously disproportionate numbers in the various districts as may surprise those who do not already know the influence which overcrowding and filth have upon this disease." * * *

"Pneumonia, a disease of all ages, but especially fatal at the extremes of life, shows a greater uniformity in its distribution through the districts than any other of the list." * * *

"Looking now at the general death-rates for all ages we see a very great disparity in the several districts, ranging from 5.7 (district 28), 9.1 (district 41), and 9.8 (district 32), up to the enormous rate of 37.9 in a thousand in district 42. This latter region is low, imperfectly drained, in parts densely peopled and full of nuisances which have been allowed to grow and fester unchecked by the city authorities. Stony Brook between Tremont Street and the Providence Railroad, and also in the neighborhood of Parker Street, has been a source of disease to all the dwellers in its vicinity. The stench from this neighborhood has been often perceptible during the past summer at the distance of a mile. District 42 is also in

the immediate neighborhood and under the influence of the sunken tract about Ruggles Street, in district 37, on which water has been standing continually during the past hot summer. Fortunately the tract in question is hardly peopled as yet, although covered with new houses which must be raised, like Church and Suffolk Streets, at a vast expense, most of which might have been saved if the health authorities of the city had done their duty. District 21 is next most fatal to life. It is very densely peopled and contains the worst tenement houses in Boston. District 29, with its crowded and narrow streets leading from Harrison Avenue to the South Bay, comes next in order; 38, 24, 23, 30, 39 and 22 follow not far behind in their ratios of death to population.

"The death-rates of East Boston and the North End present a contrast which is worthy of examination. These districts are of nearly equal population and the number at all ages very nearly correspond, yet the mortality in one is half as great again as in the other. One is crowded, in great part deprived of sunlight, and full of nuisances; the other has abundance of light and air. Can a stronger argument be offered in favor of providing breathing spaces for the people than is presented by the figures in the first two horizontal lines of our second table, from one end to the other?"

The Second Annual Report of the State Board of Health is a credit to its authors and to the Commonwealth. L. P.

A "RHODE ISLAND M.D." sends us the following quotation from the *Providence Journal* of March 25, 1871, and asks the questions which are appended:—

"Read what the Massachusetts State Assayer* says in regard to the composition of old Dr. Warren's Root and Herb or Quaker Bitters:—

"20 STATE STREET, BOSTON.

"J. A. BRODHEAD, Esq., State Commiss., Mass.

"Sir.—A sample of 'Old Dr. Warren's Root and Herb or Quaker Bitters,' from Flint & Co., Providence, R. I., has been analyzed with the following results:—This is not a beverage nor an intoxicating liquor, but is an official† medicinal preparation containing extracts of Roots and Herbs.

"It is free from injurious substances, and may be used as directed by persons requiring a medicine of this kind. Very respectfully

"S. DANA HAYES, §

"State Assayer and Chemist."

"GALVANIZED IRON" WATER PIPES. SECOND REPORT TO THE MIDDLESEX EAST DISTRICT MEDICAL SOCIETY, FEB., 1871.—Your Committee begs to make the following additional report on the question referred to him, and reported on at the meeting of the Society held two months ago.

* Is the above the legitimate business of the "Massachusetts State Assayer?"

† "Old Dr. Warren" is to be understood to be John C. Warren, of Massachusetts.

‡ The word "official" is intended to deceive the uninformed into the belief that it is *official*.

§ Is S. D. Hayes a member of the Suffolk District and Massachusetts Medical Societies?

Further inquiry made of skilled analytical chemists (and answered by reference to the records of more than one hundred analyses* of waters drawn through galvanized iron), of experts in materia medica and toxicology, manufacturers of zinc (galvanized) iron, house painters, and of our State Board of Health, as well as farther examination of books of authority, all go to confirm your Committee's first report.

One correction should be made in that report, viz.: where it reads "in every case where zinc has been found in water from 'galvanized' pipe, it has been in the form of the carbonate," it should be amended so as to read "in the great majority of cases." For in certain exceptional cases there is also found an uncombined oxide of zinc suspended in the water, and making it distinctly turbid, so that no one would drink it. But as no proof exists that either carbonate or oxide is poisonous, this correction in no way affects the conclusions reached or the opinion expressed in the first report, viz.: that no safer available material for water-pipes than "galvanized iron" is known to us.

He would be over-confident who should declare that nothing can ever be adduced to show that the material in question can be dangerous as a service pipe for drinking-water, but we are not in possession of any information that justifies the confident assertions, which have been made of late, that water is poisoned by passing through "galvanized iron." Certain reported cases of such poisoning, even when accompanied by notes of *post-mortem* examinations, fail to support the theory or to justify the alarm, for, to a physician's eye, they furnish no proof that zinc had anything to do with the symptoms or the *post-mortem* appearances.

(Signed) F. WINSOR.

BOSTON DISPENSARY.—The following are the statistics of this institution for the six months ending March 31st. The number of new patients at the Central Office is 7768, of which 5222 were medical cases and 2546 surgical. The number of new patients in the Districts during the same time is 4726, with the following results:—

Discharged, cured or relieved,	4317
Sent to hospitals, or removed from Dist.	262
Died,	134
Under treatment,	121

	4834
Under treatment at last annual report,	108

	4726
Number of cases at Central Office,	7768

Total No. of cases at Central Office and in Districts,	12,494
No. of recipes during the six months,	25,203
No. of recipes since July, 1856,	628,631
No. of patients since July, 1856,	295,822

SAMUEL A. GREEN, *Supt.*

* Mr. S. D. Hayes has records of more than one hundred analyses.

† Dr. Cassells (Professor of Chemistry in Cleveland Medical College) reports finding water "strongly impregnated with chloride of zinc," in addition to the carbonate. This is an exceptional result, and needs explanation.

WOUNDS OF THE STOMACH. RECOVERY.—In the *Bulletin of Medical Sciences* of Bologna, for November, 1870, Dr. Alphonso Borbieri, Surgeon to the *Ospedale Maggiore* of Bologna, reports two cases of wounds, one of the diaphragm and stomach, the other of the stomach only. The first patient was a young man, 22 years of age, and of delicate constitution. The wound penetrated between the ninth and tenth ribs of the left side, in the median line, descending through the cavity and perforating the diaphragm and stomach. The second patient was a man of 60 years of age, and of robust constitution. In his case, the wound penetrated below the left costal arch, directly into the stomach. In the first case, the hæmorrhage was internal, a large amount of blood being vomited. In the second, the hæmorrhage was from the external wound, and more profuse than in the first. The wounds of the skin were each about an inch and a half in length, and were in both cases closed with adhesive plaster, and the abdomen covered with cloths wet with cold water. In both cases about four ounces of blood were taken by venesection on the third day in consequence of the degree of inflammation. On the fourth day convalescence commenced, and it progressed without accident in both cases, the first being discharged, cured, on the seventeenth day, and the second, likewise, on the twentieth day.—*Med. Record.*

ON THE OXIDATION OF BRUCIA. By SCHENN, of Stettin.—Brucia is still sometimes employed as a test for nitric and nitrous acids. The red color passing into yellow, produced by a solution of brucia in concentrated sulphuric acid with nitric or nitrous acid, is not the result of the formation of a nitro compound, but the result of oxidation, and may likewise be obtained by chlorine water, peroxide of hydrogen, very dilute chlorate of potassa, very dilute chromic acid or chromate of potassa, dilute hypochlorate of soda, ferricyanide of potassium, bichloride of platinum, &c. If a drop of cupric chloride is added upon a few drops of solution of brucia, a rose-color is produced near the yellow margin resulting from the influence of the sulphuric acid.

The reaction is observed with auric and ferric chlorides only by not exceeding certain definite proportions. That the color is in reality a product of oxidation is more evident by the decoloration produced by protochloride of tin with some muriatic acid.—*Ph. Cent. Halle*, 1870, 283, 284, from *Fresenius Zeitschr. f. anal. Chem.*

THE muscles of the human jaw exert a force of 534 pounds. The quantity of pure water which blood contains in its natural state is very great; amounts to almost seven-eighths. Kiel estimates the surface of the lungs at 150 square feet, and the blood is a fifth the weight of the body. A man is taller in the morning than at night to the extent of half an inch or more, owing to the relaxation of the cartilages. There is iron enough in the blood of forty-two men to make a plow-share of twenty-four pounds or thereabouts. The human brain is the twenty-eighth part of the body, but in the horse the brain is not more than the four-hundredth.—*National Med. Journal.*

Medical Miscellany.

ACCORDING to the *Wiener Medicinische Wochenschrift*, the Professorial Faculty nominated unanimously Dr. Duchek, the former Professor at the Joseph's Academy, as successor to Skoda. There is no doubt that the nomination will be ratified by the government. Prof. Oppolzer had demanded as Senior Professor, the wards of Skoda, while Duchek will take charge of the wards to be vacated by Oppolzer, which at the same time are to be enlarged.

It is announced from London that Chang, one of the Siamese twins, was paralyzed on the right side, on his return to America last August. At present he has so far recovered that he is able to move about with the assistance of a crutch. During his illness, his brother suffered in no way, though naturally he was compelled to remain in bed during the period of Chang's sickness.

GASTRITIS CAUSED BY OVERDOSE OF TINCTURE VERATRUM VIRIDE.—At a stated meeting of the New York Pathological Society, Dr Finnell presented a portion of the stomach removed from a lady 60 years of age. The mucous membrane was highly injected, showing the effects of intense gastritis. The lady was attended by a homœopathist residing in 34th street. She was suffering from hepatic distress, with occasional vomiting of bilious matter. For this derangement he prescribed ten drops of Norwood's tincture of veratrum viride once every three hours. The woman, though vomiting terribly after each dose, continued until six doses in all were taken. Shortly after taking the sixth dose she sank and died from exhaustion. This is what he termed homœopathic treatment. The death was undoubtedly caused by the large doses of veratrum viride, inducing fatal acute gastritis.—*Med. and Surg. Reporter.*

ONE THAT SPEAKETH BY AUTHORITY.—The *Washington Evening Star* last week contained the following remarkable paragraph:—

Bone Felon.—The *London Lancet* recommends the following as the best remedy yet discovered for this most excruciating disease:—"As soon as the disease is felt, put directly over the spot a fly blister about the size of your thumb nail, and let it remain for six hours, at the expiration of which time, directly under the surface of the blister, may be seen the felon, which can instantly be taken out with the point of a needle or a lancet.

Will the *Star* be good enough to specify the number of the *Lancet* containing this new discovery in the pathology of paronychia?—*Med. Gaz.*

SUNSTROKE.—The *Fremdenblatt* contains a correspondence from a traveller who, on March 23, 1866, was near the Dead Sea with a party of eighteen, one of whom fell from his horse, overcome by the excessive heat of 42° R. (108° F.) One of the Bedouin guides bathed his hands, head and face with lemon juice, after which the sufferer was able to ride two hours, to the banks of the Jordan, where he could rest for several hours, and

then completely recovered.—*Med. and Surgical Reporter.*

WE understand that the Managers of the Edinburgh Infirmary have appointed a committee to consider if beds can be allocated to Dr. Thomas Keith, for the purpose of performing the operation of ovariectomy, with which his name is associated. For many years past, Dr. Keith has kept up an hospital at his own expense, and has performed the operation in question for the 101st time, with remarkable success.—*Med. Press and Circular.*

M. NOBEL has discovered and applied a method for rendering nitro-glycerine inexplosive during storage or transportation. It consists simply in mixing the nitro-glycerine with a certain amount of alcohol; as long as the alcohol is not evaporated, the nitro-glycerine is said to be inexplosive.—*American Chemist.*

PAMPHLETS RECEIVED.—The Boston Gynecological Society and its Work during 1870. The Annual Address for 1871. By Winslow Lewis, M.D., President of the Society. Reprinted from the *Journal of the Gynecological Society of Boston*. Boston: James Campbell. Pp. 25.

DIED.—At Somerville, March 26th, Albert A. Porter, M.D., of Wrentham, 30 yrs. 8 months.—At Dover, N. H., March 27th, Dr. Daniel A. Wendell, a graduate of Bowdoin Medical College and a surgeon in the Army during the war.

The death of Dr. J. T. Cole, in last week's *JOURNAL*, reported as having taken place March 3d, occurred Jan. 3d, and had already been recorded in the *JOURNAL*.

Deaths in sixteen Cities and Towns of Massachusetts for the week ending April 1, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	125	Consumption 72
Charlestown	16	Pneumonia 32
Worcester	27	Croup and Diphtheria 14
Lowell	17	Scarlet fever 13
Chelsea	4	Typhoid fever 8
Cambridge	27	
Salem	9	
Lawrence	13	
Springfield	4	
Lynn	11	
Fitchburg	1	
Newburyport	3	
Somerville	6	
Fall River	7	
Haverhill	3	
Holyoke	6	

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Lowell reports three deaths from smallpox.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, March 18th, 125. Males, 65; females, 60. Accident, 2—apoplexy, 1—asthma, 1—inflammation of the bowels, 2—disease of the bowels, 1—disease of the bladder, 1—bronchitis, 5—inflammation of the brain, 1—disease of the brain, 4—cyanosis, 1—consumption, 33—convulsions, 3—croup, 5—debility, 4—dropsy, 2—dropsy of the brain, 3—erysipelas, 2—scarlet fever, 4—typhoid fever, 2—gastralgia, 1—disease of the heart, 5—cerebral hæmorrhage, 1—intemperance, 2—congestion of the lungs, 5—inflammation of the lungs, 10—marasmus, 6—old age, 6—pleurisy, 1—premature birth, 2—scrofula, 1—disease of the spine, 1—diarrhoea, 1—unknown, 6.

Under 5 years of age, 46—between 5 and 20 years, 8—between 20 and 40 years, 33—between 40 and 60 years, 16—above 60 years, 22. Born in the United States, 89—Ireland, 27—other places, 9.

GRIMAULT & CO.'S PHARMACEUTICAL PRODUCTS,

Prepared with the most scrupulous care, under the immediate supervision of Prof. Leconte, M. D. Pharmacist of the First Class, Ex-Preparator of the course of Physiology, at the College of France.

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GRIMAULT'S MEDICINAL PEPSINE. IN POWDER.

The therapeutical value of this Pepsine in all disorders of the stomach, resulting from the inability of this organ to digest and assimilate food cannot be over estimated. It is used daily with great success in *Dyspepsia, Slow and Difficult Digestion, Gastralgia, Debility of the Stomach*, from old age or from abuse of liquors, and in *Vomiting during Pregnancy*.

Physicians will please notice that GRIMAULT'S PEPSINE may always be relied upon. Its digestive power, being physiologically tested by Mr. Leconte, late assistant to Claude Bernard, is always the same.

DR. LERAS' PHOSPHATE OF IRON, In Solution, Syrup or Sugar Coated Pills.

A pleasant combination of Pyrophosphate of Iron and Soda, colorless and tasteless. It is readily assimilated and used with great success in *Chlorosis, Anæmia, Dysmenorrhæa, etc.*, replacing all other ferruginous preparations. It never causes constipation.

SYRUP OF HYPOPHOSPHITE OF LIME, DR. CHURCHILL'S PRESCRIPTION.

Prescribed by the most distinguished physicians for *affections of the lungs, Phthisis, etc.* Each tablespoonful contains two grains of the pure hypophosphite.

Also Syrup of Hypophosphite of Soda, of Iron, and of Manganese.

IODISED SYRUP OF HORSE RADISH.

A pleasant substitute for Cod Liver Oil, prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodine, so intimately combined as to be insensible to the action of starch.

GRIMAULT'S INDIAN CIGARETTES.

Prepared from the Resin of Cannabis Indica.

Asthma, Bronchitis, Loss of Voice, and other affections of the respiratory organs, are promptly cured or relieved by the use of these cigarettes.

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Prepared from the Paulinia Sorbilis of Brazil. It is a sovereign remedy in *Headache, Neuralgia, and Diarrhæa*.

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This new combination unites, in a small volume and an agreeable form, two elements which have never before been blended—Red Peruvian Bark, the best of tonics, and Iron, which forms the base of the blood. It is especially suitable for lymphatic or delicate persons, and in all cases for which Bark and Iron are usually prescribed.

Digestive Lozenges and Powders of the Alkaline Lactates. (SODA AND MAGNESIA.)

Of BURIN DU BUISSON.

The researches of Dr. PETREQUIN, Prof. at the School of Medicine of Lyons, aided by Mr. BURIN DU BUISSON, the eminent chemist, have established beyond a doubt the *special adaptation of the Alkaline Lactates* to the treatment of functional diseases of the digestive organs. These preparations will be found very beneficial in *imperfect and laborious digestion, heartburn, gastralgia, loss of appetite, nausea, distention of bowels and stomach*. They are more certain and less irritating than Calcined Magnesia, or preparations having Charcoal, Bismuth, or bicarb. of Soda for their basis.

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Syrup of the lactate of iron and manganese.
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This oil possesses not only the nourishing properties of Cod Liver Oil, but also the tonic stimulant, and alterative virtues of IODINE, BROMINE AND PHOSPHORUS, which are added in such proportions as to render FOUGERA'S COD LIVER OIL FIVE TIMES stronger and more efficacious than pure Cod Liver Oil, saving therefore TIME, MONEY, SUFFERING and LIFE.

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Santonine, the active principal of *Semen contra*, (European Wormseed) occupies the first rank among the anthelmintic remedies. In this preparation the Santonine is combined with a purgative agent and is at once pleasing to the eye and efficacious. For several years many of our principal Physicians in all parts of the Union have expressed themselves highly pleased with the efficacy and elegance of this vermifuge. Each dragee contains one half grain of Santonine and one fifth grain of Gambogine.

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A most useful, convenient, and desirable preparation, always ready for immediate use. Clean, prompt in its action, and keeps unaltered in any climate; easily transported and pliable, so as to be applied to all parts and surfaces of the body. It is prepared of two strengths:—No. 1 of pure mustard; No. 2 of half mustard. Each kind put up separately, in boxes of ten plasters, out or in rolls.

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This Elixir, acting as a *diuretic, tonic, stimulant, emmenagogue*, and a *powerful regenerator of the blood*, is a most invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood.

By stimulating the energy of the digestive organs, through the action of the horseradish etc. by supplying vital fluid with the elements it requires *iron and phosphorus*; by carrying into the economy the alterative agents, *iodine and sulphur*, it brings life and vigor through the whole system.

By the Atomiser any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air cells, thus opening a new era in the treatment of all diseases of the Throat and Lungs.

Will be sent by mail (post-paid) on application.

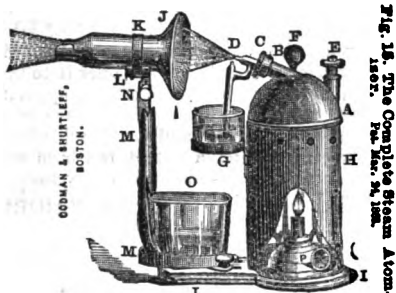


Fig. 15. The Complete Steam Atomizer.
Pat. Mar. 24, 1908.

The waste-cup, medicament-cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.
It cannot be injured by exhaustion of water, or any attainable pressure of steam.

It does not throw spirits of hot water, to frighten or scald the patient.

Is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will tender the best of service for many years, and is cheap in the best sense of the word.

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Fig. 5. Shurtleff's Atomising Apparatus.



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For Inhalation, and with suitable tubes, for Local Anesthesia, and for making direct local applications of atomized liquids for a great variety of purposes. [See our Pamphlet.]

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Rubber warranted of very best quality. Valves of hard rubber, every one carefully fitted to its seat, and work perfectly in all positions.

The Bulbs are adapted to all the Tubes made by us for Local Anaesthesia in Surgical Operations, Teeth Extraction and for Inhalation. Price, \$4.50.

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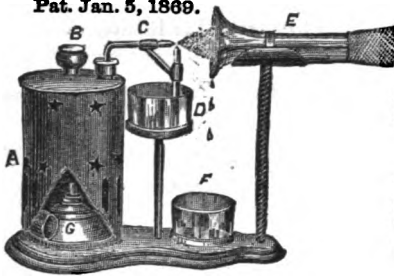
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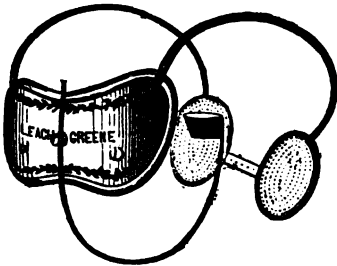
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Mh.24—1y

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Jan. 6—tf.

HILL-SIDE SCHOOL—For Undeveloped and Peculiar Children, SOUTHBORO', MASS.—Boston, Clinton & Fitchburg Railroad, Fayville Depot. Cars leave Boston from the Boston & Albany Depot.
For particulars, address Mrs. O. H. KNIGHT, or Miss M. A. F. DANA, Fayville, Mass.
References:
Dr. S. G. Howe, Boston, Mass.
Dr. Edward Jarvis, Dorchester, Mass.
Dr. H. M. Knight, Lakeville, Conn.
Mr. H. K. Frothingham, Mass. Bank, Boston.
Mr. P. A. Ames, 70 State Street, Boston. S8—1y.

D. R. T. W. FISHER, having retired from service at the Boston Hospital for the Insane, to enter on general practice in this city, will give attention by preference to Mental and Nervous Diseases.
He has permission to refer to the following gentlemen:
Dr. C. A. Walker, Dr. J. M. Tyler,
Dr. D. H. Storer, Dr. H. I. Bowditch,
Dr. C. E. Buckingham, Dr. E. M. Hodges.
Office hours, 8 to 9 and 1 to 3. D1—1y

CHARLES H. SPRING, M.D., has removed to
No. 28 HARRISON AVENUE.
Special attention given to the Treatment of Diseases of the Spine &c.

DR. EPHRAIM CUTTER has removed his City Office to 128 Boylston Street.
Hours, 9 A.M. to 12 M.
May 30, 1868. Je. 11—4f.

MEDICAL JOURNAL ADVERTISING SHEET.



THE ELECTRIC DISK.—*Notice to Druggists.*—After this date, Dr. Garratt's superior *Electric Disks*, (patented) and made under his own inspection, can be had direct from first hands in *Sealed Packages* and at much lower rates by wholesale druggists, surgical instrument makers, and dealers,—so that the *Disk* will retail hereafter at \$2.50, and yield also larger profits. This very convenient remedy for cold Rheumatism, local Weakness, Pain and Palsy, for a lame back, thorax, loin or limb, is in demand every where it is known.

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Ap. 6—4t—cowtl.

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For particulars, inquire (by letter or otherwise) of O. W. JORDAN, 82 Washington Street, Boston.

Ap. 6—5m*

VACCINE VIRUS.

SPECIAL NOTICE.

The subscriber will not in future, in any case, furnish either Cowpox or Humanised Vaccine Lymph to any agent or dealer. It is most important that physicians should know the precise source of their vaccine supply, and who is solely responsible for its excellence; this can only be attained by direct communication with the person who devotes himself to this troublesome and laborious specialty.

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37 Dudley Street, Boston (Highlands).

Jan. 19—4t.

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J. Mason Warren,
Chas. E. Ware,
Benj. S. Shaw,
Horatio B. Storer.

JOSEPH T. BROWN & CO., *Pharmacists*,
292 Washington, cor. Bedford Street,
Agent for Boston.

Jy 18—4t

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Or7—4t

D. R. GARRATT'S office hours, after this date, will be from 9 to 1 only.

No. 9 Hamilton Place, Boston, Feb. 1, 1869.

F4—4t.

HARVARD UNIVERSITY.—Dr. C. J. BLAKE will deliver a Course of Lectures on *OROLOGRY*, at the Medical College, on Wednesdays and Saturdays at 8 A.M., commencing on April 6th.

CALVIN ELLIS, *Dean of the Faculty*.

Mch. 30—2t.

HARVARD UNIVERSITY.—Dr. H. W. WILLIAMS will deliver a Course of Lectures on *OPHTHALMOLOGY*, at the Medical College, commencing April 12, at 4 P.M., and continuing on successive Wednesdays until completed.

CALVIN ELLIS, *Dean of the Faculty*.

Mch. 30—2t.

HARVARD UNIVERSITY.—Dr. ROBERT AMORY will deliver a Course of Lectures on the *PHYSIOLOGICAL ACTIONS OF DRUGS*, at the Medical College, on Tuesdays at 11 A.M., commencing April 18th.

CALVIN ELLIS, *Dean of the Faculty*.

Ap. 6—2t.

TO PHYSICIANS.—Comfortable apartments, with Board and Nursing, for Ladies about to be confined, or who require treatment (except for contagious or venereal diseases), under the charge of their own physician, can be found by addressing Mrs. M. S. WARE, No. 4 Ferdinand Street, Boston.

Satisfactory references will be required, and given in return, and the utmost privacy and seclusion maintained, if desired by the patient.

References:

Wm. Read, M.D. (late City Physician), 24 Dartmouth St. Boston.
David Thayer, M.D., No. 58 Beach Street, Boston.
John Skinner, M.D., No. 821 Washington Street, Boston.

Mch. 30—

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Including all diseases having a venereal origin or lesion, and their Treatment.

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77 University Place, New York.

D15—cowly.

D. B. KIMBALL has returned from Europe, and has resumed his office, No. 6 Temple Street.

Office hours from 10½ A.M. to 2½ P.M.

Or20—4t.

D. E. B. MOORE, 194 Hanover St., will hereafter attend exclusively to office Practice and Consultations.
Jan. 19—4t.

LEOPOLD BABO, German Apothecary, No. 12 Boylston Street, Boston.
Dec. 23—

The Boston Medical and Surgical Journal

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Whole No. 2254. }
Vol. LXXXIV. }

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HARVARD UNIVERSITY. Medical Department, Boston, Mass.

SUMMER SESSION...1871.

THE regular Course of Summer Instruction will begin at the Massachusetts Medical College, North Grove Street, Boston, on March 13th, and continue until the next Winter Course of Lectures on the first Wednesday in November. The Session is divided into two Terms by the summer vacation of two months. Gentlemen who finish their undergraduate course during the summer months, should join the Medical School at the beginning of the Fall Term, Sept. 11th; their requisite three years of study being thus completed in time for the special examination for medical degrees, which precedes the annual commencement at Cambridge.

Recitations are held daily by the Professors and Instructors in all the branches necessary to a medical education. Clinical instruction in Medicine and Surgery is also given daily at the Massachusetts General Hospital and the City Hospital. Other Hospitals and the various dispensaries and infirmaries in the city are likewise open to students. Lectures on special branches will be given at the College by University Lecturers, and courses on the sciences connected with Medicine, Zoology, Botany, Chemistry, and Physics, will be delivered in Cambridge by the Professors in these departments, which students may attend without extra charge.

THE CHEMICAL LABORATORY is open during the Summer, and practical instruction is given in physiological, pathological and toxicological Chemistry. A Laboratory is also opened in which students are thoroughly exercised in the management of the MICROSCOPE. The DISSECTING ROOM is open and abundantly supplied with recent subjects, during March, April and October. No charge is made for anatomical material, or for demonstration.

FEES.—The fee for instruction during the Summer Session, from March to November, is \$100; for the Winter Lectures, \$121. The fee for the entire year, for the Winter Lectures as well as the Summer Session, is \$200. The fee for Graduation is \$30. The fee for Matriculation is \$5. This is appropriated to the increase of the Library, and is to be paid to the Dean once by all who desire to become members of the College.

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GEORGE DERRY, M.D., Lecturer on Hygiene.

- HARVEY DERRY, M.D., Lecturer on Ophthalmology.
ROBERT AMORY, M.D., Lecturer on Physiological Action of Drugs.
FREDERIC I. KNIGHT, M.D., Lecturer on Laryngoscopy.
CLARENCE J. BLAKE, M.D., Lecturer on Otology.
CHARLES B. PORTER, M.D., Demonstrator of Anatomy.
HENRY H. A. BEACH, M.D., Asst. Demonstrator of Anatomy.

A detailed account of the Winter and Summer Sessions, as well as of the Harvard Dental School, will be forwarded (post-paid) by DAVID CLAPP & SON, 334 Washington Street, Boston. The Janitor of the College will advise students in the selection of boarding places, and will always have a list of such as are in the vicinity of the College Building, varying in their rate of charges. Students are invited, on coming to town, to call upon the Dean of the Faculty, 114 Boylston Street, to whom all letters must be addressed.

Nov. 3—

CALVIN ELLIS, M.D., Dean of the Faculty.

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MANUFACTURED BY

**JOHN WYETH & BROTHER,
PHILADELPHIA.**

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Elixir Phosphate Iron, Quinine and Strychnia.

There is perhaps no prescription so generally used and with such gratifying results, as the above combination. Owing to the intensely bitter taste of the solution or the syrup, patients very generally object to them, and many sensitive stomachs reject their administration. Physicians hesitate to prescribe in pill form from the want of prompt action—the frequent passing away from the system undissolved, and the occasional cumulative action of the Strychnia, when the pills are long retained. This Elixir has been extensively used with very gratifying results, and does not seem open to any of the above objections. Using pure Alkaloids of Quinine and Strychnia the excess of acid is not required, the bitter taste is not developed, and the Elixir is readily taken by children as well as adults.

Each teaspoonful contains two grains of Phosphate of Iron, one of Quinine, and one sixtieth of a grain of Strychnia.

Adult dose, one teaspoonful three times a day.

Ferro-Phosphoretic Elixir of Gentian.

This preparation is identical in strength with the Comp. Infusion of Gentian of the Pharmacopoeia, with the addition of one grain of Phosphoretic Iron to each teaspoonful.

This Ferro-Phosphoretic Tonic Bitter excites the appetite, invigorates digestion, and operates as a general corroborant. Blended with Aromatics, and slightly acidulated with Phosphoric Acid, it proves grateful to the most delicate stomach.

Give to children one-half to a teaspoonful before eating. Adults, a dessert-spoonful as often.

Elixir of Hops.

This preparation represents, in the most agreeable form, the Tonic and Anodyne Properties of Hops. There are few medicines of more real value, and less open to objection from continued use, in cases of wakefulness, nervous tremors, and the general irritability so often associated with Dyspepsia. This equals in strength the official Tincture of Hops.

Adult dose, one or two teaspoonfuls.

Elixir Valerianate of Ammonia.

[Goddard's Formula.]

This preparation, combining the stimulant and anti-spasmodic properties of both Valerian and Ammonia, in a form agreeable and convenient, has proved a valuable agent in all cases of Nervous Derangement, Neuralgia, Hysteria, Nervous Headache, and in all those complicated disorders consequent upon nervous debility and depression.

Adult dose, one or two teaspoonfuls.

Elixir Valerianate Ammonia and Quinine.

This is simply our Elixir Valerianate of Ammonia, with the addition of one grain of Quinine to each fluid drachm. It is an agreeable and effective Anodyne and a powerful Nerve Tonic.

Physicians and Apothecaries will find it a much more elegant preparation than can be prepared extemporaneously, or that can be made from any of the salts of Quinine.

Elixir of Calisaya Bark.

An Agreeable Stomachic and Efficient Tonic.

This is a most delightful and energetic tonic and restorative. Prepared with Sherry Wine, Peruvian Bark, and Aromatics, it is peculiarly grateful to patients suffering from debility, loss of appetite, and general lack of nervous force.

Each fluid drachm represents five grains Calisaya Bark.

Directions.—A teaspoonful for children, a dessert-spoonful for adults, three times a day, or as required.

Elixir of the Pyrophosphate of Iron.

Iron with Phosphorus and Calisaya.

Promptly tonic, without being irritating or stimulant, combining the effects of Phosphorus and Iron with the codial and tonic influences of the Obichona Elixir. The freedom from all unpleasant taste, and the ease with which this preparation is borne by even the most sensitive stomachs, together with its ready assimilation with the food, and consequent rapid absorption, render this preparation specially valuable. It is used with benefit in all instances where a nerve tonic is indicated.

Each teaspoonful represents the activity of five grains of Calisaya Bark, together with two grains of the Soda-Pyrophosphate of Iron. This Salt of Iron is not precipitated in the stomach by the agency of food or gastric juice, and will be found an efficient chalybeate when ordinary iron preparations produce constipation, headache, etc.

The dose for an adult is a teaspoonful three times a day, immediately before or after meals. For children, to be graduated according to age.

Ferrated Elixir of Cinchona.

Iron, Peruvian Bark, and Choice Aromatics.

This preparation embodies the cordial, tonic, and anti-periodic properties of its constituents, so modified by the combination as to avoid the objectionable effects of their distinct action. Its constant and continued use by our leading practitioners, and its often attested good results, warrant our decided endorsement of its merits.

Each dessert-spoonful represents two grains soluble Citrate of Iron, and ten grains Red Peruvian Bark.

The dose for an adult is a dessert-spoonful three times a day, immediately before or after meals. For children, to be graduated according to age.

Elixir Pepsin, Bismuth and Strychnia.

This combination consists of Pepsin (prepared from the stomach of the Pig), with the soluble Citrate of Bismuth, and one-sixtieth of a grain Strychnia to each fluid drachm. It has been employed with very great success in Dyspepsia, Gastralgia, General Debility of the System, and in all the numerous disorders dependent on want of tone and vigor of the stomach and digestive organs.

Compound Syrup of Hypophosphites.

This preparation, suggested by the experience and researches of Dr. CHURCHILL, is composed of the Hypophosphites of Lime, Soda, Potassa and Iron. The theory of the advantage of the Hypophosphites is based upon the elimination of free Phosphorus into the system. The therapeutic effect would seem to sustain the value of this preparation, from the benefits derived from their use, both here and abroad.

Each fluid drachm contains two grains Lime, two grains Soda, one grain Potassa, one half grain Iron.

Adult dose, one teaspoonful three or four times a day.

Bitter Wine of Iron.

Citrate of Iron and Peruvian Bark.

Prepared with Sherry Wine, Calisaya Bark, and Citrate of Iron; each fluid drachm represents two grains of the ferruginous salt, and the activity of five grains of Calisaya Bark.

Among the many chalybeate and vegetable tonic combinations that are justly entitled to a high degree of favor, we know of none more worthy of esteem than this. The happy effect, in many cases of debility, loss of appetite and general prostration, of an efficient Salt of Iron combined with our most valuable Nerve Tonic, has been so frequently demonstrated, that we feel every confidence in recommending it. For an adult, a teaspoonful immediately before or after each meal.

[Continued on next page.]

WYETH & BRO'S PREPARATIONS—continued.

Compound Syrup of Phosphates, or Chemical Food.

Composed of the Phosphates of Lime, Soda, Potassa and Iron.

This preparation was introduced by Professor Jackson, of the University of Pennsylvania, and has been extensively prescribed with very gratifying results. It is not intended as a popular remedy, but is submitted to the Medical Faculty as a nutritive tonic, well suited to supply the waste of elementary matter in the human system during the progress of chronic cases, particularly in Dyspepsia and in Consumption.

By careful and intelligent manipulation, the salts are all held in complete solution, hence their efficiency in a small dose. This preparation is pleasant to the eye, agreeable to the taste, and grateful to the stomach, and does not nauseate by protracted use.

Each fluid drachm contains one grain freshly precipitated Phosphate of Iron, two grains Phosphate of Lime, one grain Phosphate of Soda, one-half grain Phosphate of Potassa, with slight excess Phosphoric Acid.

Adult dose, a teaspoonful.

Ferrated Cordial Elixir.

This Elixir rivals in delicate and delicious flavor the most prized of the foreign cordials. Specially grateful to a sensitive and delicate stomach, it stimulates digestion and invigorates the whole system. For the general debility, nervous prostration and loss of vigor of females and children, it is particularly indicated. The healthy color, renewed muscular force, buoyant spirits and regained appetite, give the best evidence of the rapid assimilation of the Chalybeate Salt. Each fluid drachm contains one grain of Pyrophosphate of Iron.

Directions.—Children, one-half to a teaspoonful before eating. Adults should take a tablespoonful as often.

Elixir Bromide Potassium.

The Elixir contains five grains Bromide Potassium in each teaspoonful, and is an agreeable and elegant form of administering this highly prized alterative and nerve sedative. The objectionable saline taste is completely masked in this Elixir, and the Bromide will be found less apt to produce nausea and derangement of the digestive organs.

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We offer to Physicians a Cod Liver Oil, perfectly pure, prepared with scrupulous care, and perfectly free from any acrid, bitter, or empyreumatic taste. Physicians will find that patients sensitive to the taste and unable to digest the ordinary oil, can take this readily and with the consequent benefit of so valued a nutriment.

Very delicate persons should take in teaspoonful doses for the first few days, and increase as the physician may direct.

Put up in 16 oz. bottles.

Elixir Calissaya Bark, Iron and Bismuth.

This Elixir contains one grain of Soluble Citrate of Bismuth in each teaspoonful of the Ferrated Elixir of Cinchona. The addition of the Soluble Salt of Bismuth gives increased value, in cases of debility, dependent on enfeebled digestion, or associated with gastritis.

Elixir Calissaya Bark, Iron and Strychnia.

Each teaspoonful contains one-fiftieth of a grain of Strychnia; this enhances the tonic power, and will be found a valuable adjunct to the other constituents, when a powerful nerve tonic is desired.

Each fluid drachm contains Calissaya Bark, two grains Iron, one-fiftieth grain Strychnia.

Wine of Peppin.

From the Stomach of the Pig.

This is the most effective and agreeable form of administering Gastric Juice as an aid to enfeebled digestion. We add, in the preparation of our Wine of Peppin, a small quantity of Lactic Acid, supplying the want of the necessary acid, and increasing greatly the efficiency of the remedy.

Adult dose, one to two teaspoonfuls.

Ferrated Wine or Wild Cherry Bark.

Few medicines combine so pleasantly as valuable effects as the carefully selected bark of the Wild Cherry. Uniting a tonic, expectorant and sedative influence, it is indicated in most cases of debility, particularly when accompanied by local irritation. By careful and elegant pharmacy we combine in this preparation a proteasalt of Iron, giving the advantage of a combination so frequently desired.

Each fluid drachm contains twenty grains of the Bark two grains Iron.

Wine of Wild Cherry Bark.

This is a pleasant and concentrated preparation of Wild Cherry Bark, and will prove an elegant form of administering this valued tonic and sedative. Each fluid drachm represents twenty grains of the bark, collected at the proper season.

Adult dose, one teaspoonful.

Wine of Ergot.

There is no preparation more dependent for its value upon intelligent selection of the drug and careful preparation, than Wine of Ergot, and perhaps none more uncertain in effect as generally dispensed. We have long prepared it with carefully selected and fresh ergot, and feel assured physicians will not be disappointed in the effect. Strength, United States Dispensatory.

Elixir Valerianate of Strychnia.

The bitter taste of the Strychnia is masked in this preparation, and will be found perhaps more effective than when given in pill form. Each teaspoonful represents (1-40) one-fortieth of a grain of Strychnia. The adult dose is one teaspoonful.

Comp. Syrup Phosphate of Manganese.

This preparation of Manganese, Iron and Soda, has been extensively used with almost uniform good results in many cases of anemic condition, in which Iron has failed to benefit. The salts are prepared fresh, and held in solution by a slight excess of acid. Each teaspoonful contains one grain Phosphate of Iron, one of Manganese and two of Soda.

Dose, one teaspoonful. Physicians will find this an exceedingly valuable addition to their list of remedies.

Solution Carbolic Acid.

We prepare this solution of a uniform strength, with full directions as to use. It will be found much more convenient for both internal and external use, than the Glacial Carbolic Acid, or any of the many Carbolic Acids, of uncertain strength, now imported. Each fluid ounce contains forty grains of the Glacial Acid.

Put up in 16 oz. bottles.

We have also the Pure Crystallized Acid in 1 oz. G. S. bottles.

Syrup Superphosphate of Iron.

This preparation is prepared from the recently precipitated Phosphate of Iron; will keep in any climate, and is a deservedly popular remedy. Each fluid drachm contains three grains of Phosphate of Iron, with an excess of Phosphoric Acid.

Adult dose, one teaspoonful, immediately after meals.

Elixir of Bismuth.

The greater efficiency of Bismuth in solution, over the insoluble salts, usually given, recommends this preparation in the many cases of gastro-intestinal irritation, in which bismuth is indicated. This Elixir contains two grains of the Citrate of Bismuth in each fluid drachm.

Adult dose, one teaspoonful.

Comp. Fluid Ext. Buchu and Pareira Brava.

This fluid extract is composed of equal quantities of Buchu, Pareira Brava, and Collinsonia Canadensis. As a tonic and diuretic it will be found of great value; exerting prompt remedial action in Calculous Affections, Chronic Inflammation, and Ulceration of the Kidneys and Bladder, Leucorrhoea, Dropsy, &c.

In Chronic Inflammation of the Bladder, for allaying irritability of that organ, and correcting the disposition to profuse mucous secretion, we specially recommend it.

Adult dose, one teaspoonful three times a day.

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Jc. 11—tl.

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This combination holds sixteen grains *Iodide of Iron* to the ounce of our pure Cod-Liver Oil ["*Oleum Morrhue*"] in perfect solution, making a pleasant and beautiful, clear, light-brown combination, free from the unpleasant inkiness of the Iodide of Iron. It possesses not only the nourishing properties of the Cod-Liver Oil, but intensified by the powerful tonic and alterative effects of the Iodide of Iron, thereby assisting the assimilation of the oil by the stomach, and increasing its nutrition, making this invaluable remedy (Cod-Liver Oil) far more efficacious in scrofulous and other diseases indicating its use.

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Feb. 2—copy. R.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, APRIL 13, 1871.

[VOL. VII.—No. 15.]

Original Communications.

MULTILOCLAR ENCYSTED DISEASE OF THE CELLULAR TISSUE, RECURRENT AFTER OPERATION.

By HENRY J. BIGELOW, M.D., and R. H. FITZ, M.D.

A RARE if not unique specimen of this sort was excised at the hospital by Dr. Bigelow, Jan. 21, 1871.

The patient was a man 50 years of age, and an extraordinary circumstance connected with the disease was its persistent recurrence after two previous operations.

The tumor was situated on the chest, below the axilla, midway between the pectoralis and latissimus dorsi muscles, about on a level with the nipple, and was of the size and shape of a flattened goose egg. It first appeared 5 years ago, and was removed by the knife. Twelve months after, having returned, it was treated by a seton for several months, but without permanent effect. Excision was now again resorted to.

The tumor was found to be not only adherent to the skin, but to pervade and transform the cellular tissue, diving between the muscles and even into the slender muscular interstices.

Everywhere quite adherent, it collapsed when dissected out, and yet it was evident that a common cavity did not exist, as the tissue at a little distance from the knife remained distended with a clear yellow fluid.

The larger cysts were of the size of a filbert; one, indeed, was as large as a pigeon's egg, the smaller varying in size down to that of a pin's head at those parts where the cellular tissue was recently affected.

In the interior of the cavities an irregular cavernous and trabeculated structure was present.

The anomaly of this case is unquestionably the persistent recurrence of the disease. It being a hopeless task to dissect it from every interstice, the whole wound, including the cavities beneath the pectoralis and latissimus dorsi muscles, was left open with the hope of obliterating the tissue by in-

flammatory action. The denuded surface, during the two weeks following the operation, presented an active inflammatory condition, with great swelling and protrusion of the mass; then the swelling subsided, the edge of the wound came together, and the patient was discharged, well, March 18, 1871.

The microscopic examination of the tumor was made two days after its removal. At this time the various cavities were empty, and for the most part communicated freely with one another. At one part the cysts were immediately beneath the cutis, at others voluntary muscular fibres were found lying upon the wall. But cutis and muscles presented no abnormal appearances, the lymphatic glands in the vicinity were also normal. The walls of the cysts were smooth and vascular, often thin and translucent at those parts where they served as partitions between neighboring cysts, and again more thick and opaque where they contained fat-tissue.

Trabeculae, varying exceedingly in size, crossed the cavities, often presenting the appearance of broad, fibrous bands, generally with a crescentic edge, again forming delicate threads connecting different parts of the walls, now and then supported by a lateral thread or band from another part of the same wall.

In some portions a relatively dense wall would exist between two neighboring cysts, quite thin toward the middle point, often perforated by a sharply cut opening, with a thin, translucent border, apparently produced by atrophy at this point of greater pressure and least resistance.

A portion of the wall examined in the fresh condition presented no appearance of epithelium. Several small, pale ovoid nuclei, containing one or two nucleoli, were found floating in the fluid, at rare intervals, surrounded by a finely granular protoplasm, of extremely irregular shape, and with a more or less jagged outline.

Another portion of the wall was covered with carmine; the results were as before.

A third portion was treated with nitrate of silver. Nothing like epithelium was ob-

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tained after the reduction of the silver, merely the irregular, brown patches enclosing uncolored spaces of nearly equal size and similar outline, together with the epithelium of the vessels, and the muscular cells of the media were observed.

The appearances obtained were similar to those found on treating the central tendon of the diaphragm of rabbits with silver after the epithelium has been removed.

The results of these methods of examination being negative, so far as the presence of epithelium was concerned, the specimen was inflated, secured in this condition, and placed in a two per cent. solution of chromic acid, and, after thirty-six hours, was removed to strong alcohol. From the specimen thus hardened, sections were made in various directions and, together with transparent portions of the walls, were examined.

As before, no evidence of the existence of an epithelium was obtained. The walls were made up of a dense fibrous tissue, as a rule containing numerous bloodvessels, in parts containing fat tissue, here and there minute oval openings, with a sharply defined edge, through which adjoining cavities communicated with one another.

The largest cysts were immediately beneath the cutis, and the examination seemed to indicate that the tumor had arisen from a circumscribed accumulation of fluid in the meshes of the subcutaneous cellular tissue. Mutual pressure had produced atrophy and absorption, more or less complete, of the older meshes. At the same time peripherally, similar accumulations had occurred, extending not only in the subcutaneous tissue but also in the intermuscular septa.

Curious in connection with the examination is the absence of an epithelial lining to the walls of these multilocular cysts, it being hardly probable that the lapse of two days after the excision of the tumor would suffice to account for the complete absence of epithelial cells.

A CASE OF DOUBLE CONCEPTION, BEARING ON THE QUESTION OF SUPERFETATION.

By E. CHENERY, M.D., Boston.

Mrs. S., American, aged 40, came under treatment for inflammation and hypertrophy of the uterine cervix, originating in her first confinement, twelve years before. Her general health was much broken and her nervous system greatly impaired. Success followed the use of general and local means, and she was discharged, cured. About six

months subsequently, she became pregnant for the second time, and had no unusual symptoms to disturb "the even tenor of her way" till about the fifth month. At this time, without any known cause, she was taken with pains and bleeding, threatening an abortion. Sedatives and rest were enjoined, resulting in relief for a few days. The symptoms returned, and being unable to see the patient, another physician was called. Opium and tannin were given. During the night I received another call, when I found that the pains had returned and the hæmorrhage was profuse. She had passed nearly a chamber-vessel full of blood and clots, among which I found a foetus, with its transparent membranes entire, and altogether of about the size of a common open-face watch. The womb was dilated, and another and much larger foetus was lying with its head entirely escaped from the os, pushing its unbroken vestments before it. Supposing, of course, that miscarriage of this also must take place, I caught the head between my finger and the wall to bring it into the world, when it slipped from my hold and escaped back into the womb beyond my reach. I had never seen a case where the foetus survived such a copious flooding, and to save further trouble I gave a dose of ergot to finish the delivery. To my great surprise the womb contracted, the hæmorrhage ceased, and the patient recovered. Thus ended this early and bloody battle between this modern Cain and Abel. The older having gained the victory and expelled the younger from the territory, returned to the undisputed enjoyment of his *pre*-possessions.

Here there were the products of a double conception. One of them bore the marks of about eight weeks and the other of twenty. One was expelled with all the appearances of life and freshness up to the time; while the other was retained and apparently unharmed, notwithstanding the excessive hæmorrhage and the extensive separation of its membranes from the womb. With this last the mother was confined at term.

At the Pathological Society of London Dr. Duncan showed portions of a watch that had been extracted from the fleshy part of a soldier's hip twenty-one days after a bullet had carried it there. A discharging abscess existing, an exploratory incision was made, and the watch extracted. The patient died a short time afterwards.—*Dublin Med. Press and Circular*.

Selected Papers.

ENEURESIS, AND ITS TREATMENT BY A NEW REMEDY.

By JOHN BARCLAY, M.D., Late Assistant-Professor of Materia Medica and Medical Jurisprudence in the University of Aberdeen.

THIS complaint, called also hyperuresis and incontinence of urine, is a most distressing one, and I suppose that every medical man will agree with me when I say that there are few diseases the treatment of which gives him greater annoyance, is more unsatisfactory in its results, and, consequently, brings him less credit. Incontinence of urine is most frequently observed in childhood, but it may occur at any period of life, from infancy up to manhood. When the disease exists in adults, however, we have usually some mechanical cause in operation, while in earlier years, for the most part, no cause whatever can be ascertained. Both sexes are liable to this affection, but probably it is rather more common in males. In girls it is noticed to be more difficult of cure than in boys.

A great variety of causes have been set down as productive of incontinence, such as general cachexia, scrofula, dyspepsia, hysteria, spinal disease, ascarides, piles, prolapsus ani, a too long prepuce, contracted bladder, hyper-acidity of the urine, hyper-alkalinity of this secretion, want of proper management, bad habit, too free use of fluids consumed during the day, too free use of alcoholic drinks; in some lying on the back while asleep, and so on. Bierbaum says the children of gouty parents are very liable to eneuresis, but I cannot say that in any of my cases gouty symptoms were observed, either in themselves or their parents. I think I have seen it most frequently in those of a scrofulous constitution. It appears to be hereditary. This I noticed in one of the cases detailed below—No. 5—for the mother of the girl had suffered for very many years from the complaint. It has been frequently observed, too, in several members of the same family. On two occasions have I seen this, two children in each of two families being so affected. In the great majority of cases, as I have said, no cause whatever can be detected. In three children I have seen the incontinence co-exist with impetigo of the head and face; and it was while treating the impetigo in one of those cases by syrup of the iodide of iron, and in ignorance of

the existence of the other disease, that I was made aware, by the mother of my patient, of the good effects of the remedy on the eneuresis.

As to the frequency of the attacks, sometimes they occur at night only, and in one night once, twice, or even oftener; sometimes during both day and night, and I have several times seen a poor little patient so bad as to be perfectly unable to keep his clothes dry even for an hour during the day, and the same as regarded his bed during the night. Of course there are milder cases. But those which are incontinent both night and day are always the most difficult of cure. Even the worst cases, however, after all sorts of remedies have been tried in vain, will sometimes effect a spontaneous cure at puberty.

As regards the treatment, there is even more variety here than in the causes, and this is sure evidence that most of the remedies and plans of treatment proposed have given small satisfaction. These may be described under four heads—the “constitutional” remedies, or those calculated to operate on the disease through the system, by correcting some ascertained fault therein; the “moral” treatment; the different “mechanical” means which have been at various times brought forward; and the very numerous class of “specifics.”

The “constitutional” embrace means taken to correct over-acidity or over-alkalinity of the urine, if either of these states exist; attention to the diet and regimen, more especially to the regulation of the quantity of drink taken at any particular time of the day or evening; tonics of various kinds, as tincture of iron, strychnine, and cod-liver oil; anti-gouty remedies, if an evidence of this disease is observed; the removal of ascarides from the rectum; cold sponging to the back and loins, and hot baths at bed-time.

The “moral” treatment includes attempts to correct bad habits, by insisting on the patient emptying his bladder thoroughly before going to bed, rising two or three times during the night, and observing regular times of micturition during the day. And then we have, by some injudicious people, a plan recommended, which may be classed either under the “moral” or “mechanical” head—the plan of castigation. This is a method of treatment only to be mentioned to be condemned.

The “mechanical” means proposed comprehend Sir Dominic Corrigan’s plug of collodion, which he recommends to be applied to the orifice of the prepuce, thereby

preventing the egress of the urine until the plug is removed, and which, he says, is usually sufficient in about a fortnight to effect a cure. Next, we have Pluviez's compressing pads; Trousseau's urethral truss applied to the perineum; the application of an elastic band round the penis; the tying a reel on the back so as to compel the patient to lie on either side; circumcision where the prepuce is too long; the mechanical dilatation proposed and practised by Dr. Braxton Hicks, by the injection of warm water into the bladder, when the viscus is contracted; and the practice recommended by some one of passing a small silver catheter every evening.

The "specific" remedies in which most confidence is placed are—belladonna and its active principle atropia; bromide of potassium, alone and with syrup of poppies; cantharides; benzoic acid, where the urine is high-colored and of strong odor; zinc; camphor, and secale cornutum. Besides these, we have a host of others, as—lupulin; large doses of nitrate of potass; the inunction of morphia and veratria ointment into the perineum; the application of astringents, such as rhatany, tannin, and iron to the sphincter vesicæ, recommended by Oppolzer; drop doses of tincture of iodine every two hours, lately recommended by Dr. Schmidt, which it seems did good as long as the medicine was continued, but which, when omitted, left no permanent benefit; blisters to the sacrum; nitrate of silver to the prostatic urethra, and the same substance to the urethral orifice. I have tried several of the above remedies, and, before I stumbled upon the syrup of the iodide of iron, found atropia or belladonna by far the most certain and trustworthy. Tincture of iron is much employed, but after frequent and persevering trials with it, I have been always disappointed. During the past two years and a half, twenty cases of incontinence of urine have been treated by me; the medicine invariably prescribed has been syrup of the iodide of iron alone, and so far as I know there has been no failure. I have notes of all the cases, but only eleven in a completed state, since the other nine, who came from a distance, did not return to say what was the result. The probability is that they were cured, otherwise they would not have been got rid of so easily. Uncured cases are those that return upon our hands. At all events, the eleven who did report themselves, or who were continually under observation, were all cured, the improvement in several of the cases following so closely on the ad-

ministration of the remedy as to leave no doubt but that the good effect was due to the syrup. I may mention that Dr. Manson, of Baniff, and Dr. Smith, of Kinnairdy, have both found the medicine equally satisfactory. Dr. Smith says that he tried it only a fortnight ago, in a boy who for a long time had been a sad martyr to both diurnal and nocturnal incontinence, and who had resisted all other remedies, but upon giving him the iodide, in two or three days he was all but well.

I now give shortly the eleven cases of which I have completed notes, and the first of these is that which suggested to me the remedy.

CASE I.—April 13, 1868.—Helen W., aged 14 years, has impetigo of the head and face; ordered half-drachm doses of syrup of the iodide of iron three times a day, and some diluted citrine ointment as a local application. April 30.—Reported cured. From this time down to June 12 she got no medicine, when the girl herself came to me, telling me she had nocturnal incontinence. In the hurry of the moment, and without asking any questions or her volunteering any statement about the duration of the complaint, I ordered tincture of iron. She continued to take this till October 9 without any benefit, when I ordered tincture of belladonna. She returned on December 2, saying this, too, had done her no good. Her mother, who accompanied her, now told me that during the time the girl took the medicine for the eruption on the head and face, and for about a month after, she had no incontinence, and that the complaint, which had existed from childhood, had defied every means tried to cure it up to that time. It had, however, returned, and she wished to get the same medicine. I ordered it as before, and on December 23, she returned to say she had wetted the bed only four times since she got the medicine. I repeated it. On February 6, she reported that she had only had incontinence twice since last date, and none at all for the last twenty days. April 1.—Has not wetted the bed since last date, and only twice since December 23. I have often seen this girl since, and she has had no return up to the date of my writing.

CASE II.—December 5, 1868.—James S., aged 10 years, a poor, scrofulous-looking creature, with cough and purulent sputa, and other phthisical signs and symptoms, no appetite; ordered iodine externally, and syrup of the iodide of iron in twenty-five-minim doses after meals (I heard nothing at this time of the incontinence). December

22.—Decidedly improved; cough better, and he eats better. I was told to-day that he had labored under incontinence of urine at night for some eight years, without even passing a night, but that since he had got the mixture he had only wetted the bed three times. To increase the syrup to half-drachm doses, and to take cod-liver oil. This boy was in a few days more cured of the incontinence, but in April, 1869, he died of phthisis.

CASE III.—December 23, 1868.—John M., aged 6, has had enuresis for eighteen months, and rarely has passed a night during that time without wetting the bed. Has impetigo of the head and face. Ordered the syrup in fifteen-minim doses. June 4, 1869.—Considerably improved; has wetted the bed only twice since he began the mixture. To increase the dose to twenty minims. February 10.—He is now said to have gone on improving for a week or two, but at the end of that time, and even while taking the medicine, he began to grow as bad as ever. To omit the medicine. February 20.—Immediately on discontinuing the mixture he was no more troubled by the incontinence. May, 1870.—Continues cured.

CASE IV.—February 6, 1869.—Wm. L., aged 4, has for two years labored under incontinence, once every night. He is a puny, delicate creature. Ordered the syrup in fifteen minim doses. March 4.—Improved immediately on taking the medicine. March 21.—Cured. Remained so months after.

CASE V.—October 10, 1868.—Maggie McD., aged 10 years, has had incontinence from infancy. For many years, in spite of various medicines internally, and frequent and severe applications of the rod externally, she has wetted the bed three or four times every night, and during the day she has had to pass water nine or ten times. She never was benefited in the least from any medicine, and belladonna was one of those perseveringly tried. Ordered the syrup in half-drachm doses three times a day. She gradually improved under this mixture, which she continued to take up to May 1, 1869, when she was reported to make water only once during the night, and this not in bed, and only twice or thrice during the day. The cure was steady and gradual. March, 1870.—Remains quite well.

CASE VI.—October 21, 1869.—B. C., aged 7, has had incontinence of the nocturnal variety for two or three years, but wets the bed sometimes only every other night—often, however, many nights in succession. Ordered fifteen-minim doses of

syrup of the iodide of iron before meals. December 10.—Cured. Did not wet the bed over twice after he got the medicine.

CASE VII.—January 10, 1870.—John A., aged 16, has had nocturnal incontinence from infancy; makes water in bed every night three or four times, but occasionally passes a night without doing so. He passes water almost every hour, also, during the day. He is in consequence debarred from farm service; "no one," he says, "will give him a bed; he can only get straw to lie upon." Ordered syrup in half-drachm doses before meals. Jan. 18.—Decided improvement, both as regards day and night. Repeat the mixture. Jan. 31.—Improved. Last night did not wet the bed, nor on the night before the one preceding that. He can now keep his water during the day for more than two hours. Repeat the mixture. Feb. 28.—Cured; has had no return of the complaint since he finished the last mixture.

CASE VIII.—January 19, 1870.—George A. (brother of Case VII.), aged 12, has had nocturnal incontinence ever since he knew. Makes his water in bed every night. Ordered twenty minims of syrup three times a day. March 7.—Decidedly relieved. Does not now pass water in bed oftener than twice a week. Repeat the medicine. March 22.—Has not passed water in bed since last report. June, 1870.—Cured.

CASE IX.—March 20, 1870.—Jeannie L., aged 10, has had nocturnal incontinence all her life; she never misses a night without wetting the bed, and makes water too often during the day. Ordered twenty-minim doses of the syrup of the iodide of iron three times a day. May 13.—Much improved, both as regards day and night. Her mother has great difficulty in getting her to take the medicine. October, 1870.—This girl gradually got better, and remains well.

CASE X.—March 24, 1870.—John C., aged 9, was always a delicate boy, has had incontinence of urine at night for about two months. Ordered the syrup in twenty-minim doses three times a day. May 21.—This boy was quite well before he finished a two-ounce phial of the medicine, and remains well.

CASE XI.—February 26, 1870.—Ann R., aged 8, has been all her life troubled with nocturnal incontinence. She never missed a night without wetting the bed, and sometimes did so twice in one night. Ordered syrup, in fifteen-minim doses, three times a day. March 6.—Not much better—indeed, hardly any; but she did not get the medicine regularly, being at school nearly all

day. Repeat, and give in half-drachm doses regularly. March 16.—Much improved; has wetted the bed only twice during the last eight days. April 14.—Wets the bed only once every ten or twelve nights. August 20.—Has been cured for the past three months.

These cases speak for themselves. It is to be observed about Case I. that even belladonna produced as little good effect as all the other medicines which were tried. Here, as in Case III., there was impetigo co-existent with the enuresis. By the syrup of the iodide she was perfectly and permanently cured in about two months, dating from the time when she was put fairly under the syrup. Case II. seems to have been pretty rapidly cured of the incontinence, even though the boy's general health became worse and worse. Case III. is a curious one, and would do very good service to the homœopaths in support of their *similia* theory. When this boy was put on the syrup, he soon began to improve, and went on improving for several weeks; but at the end of that time matters assumed another aspect, for he began to retrograde, and soon became as bad as ever. In the face of this, I told his parents to discontinue the medicine for a little, so that I might take the case into consideration with reference to the exhibition of some other medicine. I resolved to give the boy belladonna, but, when I called to prescribe it, was told that whenever he ceased to take the syrup he was at once relieved. Unless in this case, I never knew or heard of the medicine producing incontinence. Case V. was one of the worst cases I have seen. The girl's mother was for many years afflicted severely in the same way, but became cured spontaneously. Seven months were required for her daughter's cure. Case VI. was not a bad one, but the boy's cure was almost immediate. Case VII. was a very bad one, and some six weeks were required for the recovery. Case VIII., brother of the last, was not quite so bad, but more difficult of cure. The remaining three present nothing of importance. The number altogether is not great, but these are all the patients so affected that I know of in our district, and I think the result of the treatment speaks for itself. A more extended use of the remedy will of course decide as to its value, but the success that has followed its employment in my hands warrants me in calling the attention of others to its efficacy. As to the *rationale* of its action, that is a matter difficult to determine; it may either act constitutionally as a general

tonic, but it would almost seem as if the drug had some specific influence upon the sphincter of the bladder.

[Since writing the above, I notice in the *Lancet* for November 19 an account of two cases of incontinence treated by Dr. Thompson, of Peterborough, with chloral hydrate, and with good results. I can easily imagine that that substance would do well in the complaint, and will try it, first opportunity. I may also add that when called upon a day or two ago to prescribe for a case of impetigo in a child of six years, and on asking if during the attack she had suffered from incontinence, her mother replied that the child had for about a week passed her water in bed every night, a thing she had never done before, but that, when the pimples began to "settle down," the incontinence disappeared. The child got no medicine.]
—*London Med. Times and Gazette.*

Reports of Medical Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY. REPORTED
BY F. W. DRAPER, M.D., BOSTON.

THE Society met February 25th, Dr. Geo. C. Shattuck presiding.

Dr. Bowditch read notes of a case of aneurism of the thoracic aorta, and exhibited the *post-mortem* specimen. The patient, a man aged 38 years, had shown symptoms of the disease during seventeen years, having experienced severe paroxysmal pain in the region of the heart, with occasional orthopnoea, increasing in severity and frequency as the disease progressed. He entered the hospital one year ago, and during his stay there the treatment by supine position was rigidly carried out. Marked relief to all the distressing symptoms was thus obtained, although the aneurism developed progressively.

About four months before his death, the patient awoke suddenly from sound sleep, with a feeling of intense pain in the region of the swelling, which had now become quite prominent between the sternum and the left nipple. Venesection to the amount of 3x., and subsequently to 3vij., with ice applied locally, gave partial relief. After this incident, decline was continuous until his death.

At the autopsy, the aorta was found to have undergone atheromatous degeneration just above the semi-lunar valves, and the artery had expanded laterally into a large

aneurismal sac, partially filled with fibrinous layers and connecting with a secondary sac, which was probably the result of the rupture four months before death.

Dr. Bowditch had tried the same method of treatment by position in another similar case, and with marked relief to the distressing symptoms. The obvious difficulty is in inducing patients to submit themselves to a remedy which their excessive dyspnoea would appear to make impossible; this disinclination, however, disappears when the treatment is initiated. In cases reported in European journals, the success avowed might be due as well to the strictly regulated diet as to the enforced position.

Dr. Borland remarked that while the patient above mentioned was under his care during the summer, he experienced great comfort from a sun-bath, even in the hottest days.

Dr. John Homans reported a case of excision of the elbow-joint, and exhibited the fragments of bone removed. A man, weighing 250 pounds, had fallen from a roof, forty feet, to the frozen ground. The elbow suffered a compound, comminuted fracture. Death occurred fifty hours after the injury. At the autopsy, the right kidney was found thoroughly lacerated, and the liver was likewise extensively disintegrated. There was no sign of external contusion.

Dr. Borland reported two cases of tumor of the brain. This paper will appear in a future number of the JOURNAL.

Dr. Webber remarked of the tumor, in the second of the cases (the specimen was shown), that when recent, its tissue was soft, but it acquired its present hardness after treatment with chromic acid and alcohol. At his first microscopical examination, he considered it essentially a glioma; but, subsequently, after hardening, fibrous tissue was seen, and he now thought it a specimen of the rare fibro-glioma, originating probably in the auditory nerve.

Dr. Webber reported four cases of paralysis of the hand and fingers from pressure on the arm, and presented one of the cases, at present under treatment. The man had awakened in the morning with numbness and prickling in the hand. It persisted two months, but was now gradually yielding to galvano-electricity and friction. The paralysis of motion had been absolute; the hand had been puffy, its circulation sluggish, and the electro-muscular contractility diminished.

Dr. B. J. Jeffries exhibited Hebra's plates of eczema marginatum and described the disease. He specially emphasized its para-

sitic origin, and insisted that treatment should be directed to that character. The disease is very intractable, appearing generally on the scrotum in males and spreading thence to the adjacent thighs, nates and abdomen, giving rise to great itching and irritation.

Dr. J. C. Warren reported a case of punctured wound of the ilium. An ordinary four-pronged table-fork was forcibly driven through the clothing, skin and muscle to the ilium, and, in the efforts to extract, two of the steel points were broken off. After a few days, the patient presented herself to Dr. Warren, who cut down and removed the fragments, one from the bone and the other from the periosteum.

Dr. Bowditch stated that he had lately seen a case presenting the characteristic features of locomotor ataxia, the patient being addicted to the inordinate use of tobacco. The symptoms subsided with the giving up of the tobacco.

Dr. Treadwell presented a resolution in approval of the recent action of the Commissioner of Pensions at Washington, in removing irregular practitioners from their positions as pension-surgeons, and urging the Secretary of the Interior to appoint to that position regular practitioners only, and preferably those who have served in the army. The resolution was adopted unanimously.

The Society adjourned.

RHODE ISLAND MEDICAL SOCIETY.

At the last quarterly meeting of the Rhode Island Medical Society, held at Providence, on motion, Drs. Newhall, Parsons and Harris were appointed a committee to nominate delegates from the Society to attend the annual meeting of the American Medical Association, to be held in San Francisco, Cal., in May next. The following named gentlemen were appointed:—Drs. Collins, Morton, Peckham, Capron, Eldredge, Turner, Shaw, Bullock, Wiggin, Brown, Jenckes and Griffin. Drs. Morton and Caswell were appointed delegates to the Massachusetts State Medical Society.

Dr. O'Leary reported a case of fracture of the skull. A man of 60 years, while at work last December, digging, was struck on the back of his head by a bucketful of earth, which fell about 60 feet, causing the fracture, a dislocation of left shoulder, and other injuries. Drs. O'Leary and Browning removed broken pieces of skull from a space nearly as large as the hand. No inflamma-

tory symptoms followed, and the patient recovered.

Dr. C. T. Gardner read a paper on Membranous Croup, and gave an account of a case where he performed tracheotomy. The president, in commenting upon the case, said that "there had been nine cases of tracheotomy performed here within six months, with two recoveries; while only three had previously been done in this State for croup, all of which were fatal." A general discussion on croup followed.

Dr. Geo. Capron read a paper upon Ergot and its Medical Uses.

Dr. Clapp, of Pawtucket, read the notes of a case of Vesico-Vaginal Fistula, after which the thanks of the Society were voted the gentlemen for their valuable papers.

Bibliographical Notices.

The Change of Life in Health and Disease.

A Practical Treatise on the Nervous and other Affections incidental to Women at the Decline of Life. By EDWARD JOHN TILT, M.D., Vice President of the Obstetrical Society of London, &c. From the Third London Edition. Philadelphia: Lindsay & Blakiston. 1871. Pp. 292.

THE work of Dr. Tilt, which appeared a number of years ago, and which has always been regarded with much favor by the profession, has been considerably enlarged, and comes to us in very attractive shape from the Philadelphia publishers. The period of a woman's life at and after the ménopause has justly been considered a critical one. The functional derangements of earlier years are governed and controlled by influences other than those which rule in her later years; and her diminished vitality gives less strength of resistance to agencies which, at this period, begin to assert their power. The diseases of the change of life have had the most careful study and a conscientious treatment by Dr. Tilt. As in the edition of his book thirteen years ago, he has devoted several chapters to the physiology of the change of life and to the principles of pathology and the treatment of diseases at that time. The remainder of the work is occupied with a discussion of the disease affecting the various organs, the chapters being devoted to diseases of the ganglionic nervous system; the brain; neuralgic affections; diseases of the reproductive organs, of the gastro-

intestinal organs, &c. Dr. Tilt's clear and concise style makes the book at once a pleasant one to read and an easy guide to follow, and we are quite sure it is the most valuable one we have on the subject.

Elements of Medical Chemistry. By B.

HOWARD RAND, M.D., Professor of Chemistry in Jefferson Medical College. Second Edition, revised, with Additions. Philadelphia: J. B. Lippincott & Co. 1871. Pp. 420.

THIS book is an interesting compendium of what *should* be known by the student in chemical physics, general, organic and inorganic chemistry, and, finally, strictly medical chemistry. Indeed, it is intended for the use of students in medicine, though it will be found of service to the practitioner. It is, in fact, a full set of notes of the author's lectures in Jefferson Medical College, and we are sure that students who use the work as their text-book during the lecture season, will go back to it with satisfaction in their professional life to refresh their memories on points of chemical lore.

A Treatise on the Chronic Inflammations and Displacements of the Unimpregnated Uterus.

By WM. H. BYFORD, A.M., M.D., Professor of Obstetrics and the Diseases of Women and Children in the Chicago Medical College, &c. Second Edition, enlarged. Philadelphia: Lindsay & Blakiston. 1871. Pp. 248.

THIS volume is devoted to the consideration of that large list of symptoms called nervous or sympathetic, which, although not exclusively confined to women, are more frequently found to manifest themselves in them; and, in the second place, to those diseases of the uterine system which are frequently the causes of the nervous symptoms named. Dr. Byford belongs to the class of physicians who believe in the great sympathetic influence of the uterus, and who consider inflammation and its accompanying effects to be the conditions upon which its sympathetic energies depend. He therefore takes up the various manifestations of disease in the different organs and examines each one carefully, and also criticizes the symptoms more immediately connected with uterine disease. A study of the diseased condition of the uterus then follows; and a considerable space is devoted to the treatment of uterine diseases, and especially to the mechanical means and topical applications used for

their alleviation. The work is carefully written, and is a good handbook for the practitioner. A fair index closes the volume.

In connection with the subject of indices, we cannot help expressing a thought which has many times come to our mind as we have been called on to review the books placed before us. A good index is one half the book to a working man. With it almost any book has a certain value; without it the best book must often be thrown aside, because the facts sought for are not to be found at the most critical moment. Books on general or special medicine and surgery are used by the common practitioner as assistants in his daily work. He constantly refers to them, and wishes to know at a glance what they contain on a given subject to help him out in a critical case. To the more elaborate student of medicine, or to the writer on medical subjects whose shelves boast several works on the same or allied subjects, books only become valuable as they furnish ready means for comparison, concurrent testimony on mooted points and mention of isolated or rare facts. To both of these classes a meagre index becomes a serious hindrance to the facility of everyday work. Many of our English and French authors entirely ignore the necessity of an index, and others make it so brief as to be nearly useless. For instance, we have before us one of our most reliable surgical text-books; many of the subjects which *should* be treated in a handbook are not spoken of in the work, but, in addition, some of those mentioned fail to appear in the index. Fissure of the palate or cleft palate is only found under the head, Palate; Pott's disease, or angular curvature or Pott's curvature is included under the general term Curvature of the Spine; plugging of the nares, though described in the work, does not find a place in the index, &c. It is true, all the subjects treated may be found after a prolonged search; but we constantly feel, in working up a subject, that much of our labor might be spared if the author would enter his subject under the several synonyms known to the profession—one only of which might occur at the moment to the busy mind of the practitioner—and would make more frequent use of cross references, as we find very happily done by authors who have perhaps suffered in a similar manner themselves.

Medical and Surgical Journal.

BOSTON: THURSDAY, APRIL 13, 1871.

NEW MEDICAL JOURNALS.

If the National Medical Association is capable of exerting any important influence in the elevation of the tone of the profession throughout the country, we hope it will use it primarily in the *education* of our brethren; in suggesting and *demanding* that they should be more thoroughly fitted for the position of physicians before they can be received into fellowship. The lay public needs a more competent corps of medical men than it did fifty years ago, and those of our body who have failed to spur on to meet the coming light must hold an inferior place in the race for professional advancement.

But, to help on this forward movement, to give the older men the stimulus which their increasing years demand, and the younger the pabulum wanted for their life work, we need a good, strong periodical literature, with an invigorating, tonic snap to it, such as should characterize a University stroke oar; and vitality enough to infuse a due portion of muscular Christianity into the whole of our professional University crew. Such has been the war-cry of the profession for a number of years: "give us better journals; let us have the experience of the working men; place before us the matured ideas of the thinking men; let us know the most recent views of the profession at home and abroad"; and it has been the aim of all our best journals to meet this demand and to satisfy this want. Laboring under great disadvantages, we still ask our brethren to give us their aid, that we may do our share in benefiting the whole professional body corporate.

The character of our medical literature has been freely discussed during the past few years. In America we see, as a rule, only the superior foreign journals; those of inferior character seldom reach the general reader; but, comparing a large number of foreign journals, as we of the press are constantly obliged to do, with those of our

own country, we cannot fail to see that the same disparity exists in their character; good and bad medical journals are published in Europe, as in America. We look with satisfaction at the position which our standard periodicals, both general and special, hold; on the other hand, the existence, the rise and fall of a multitude of lesser lights serve to give a character of instability to medical literature in general, and to detract from the authority which it ought to possess.

Within a very short time, we have found on our table the first number of some half a dozen new journals. One or two of them give promise of true metal; but, without being captious, we fail to see what advantage can be obtained by the publication of the remainder.

We quote from one of our youthful cotemporaries certain passages, *verbatim et literatim*. The Editors call upon their friends to "lay down all jealousy, modesty and reserve, and come boldly to the rescue and by our united labors and best efforts seek to build up medical science in our midst to the great elevation of the professional standard as well as to the ultimate good of our community." How far they are likely to succeed we leave to our readers. Speaking of the treatment of cerebro-spinal meningitis, in which, from his own account, he has had very marked success, the author says:—

"At the same you are carrying this out give from twenty to sixty grains of Calomel followed by from forty to eighty grains of Bromide of Potassium in solution, these to be repeated every two or three hours. We have formed by the introduction of the calomel and potassium simultaneously into the stomach, the Bromide of mercury, a preparation highly calculated to arouse the absorbent and secernent systems, a very important consideration in the successful management of this formidable disease. After administering the two agents above alluded to give twenty to forty grains of the sulphate of Quinine this to be repeated every two or three hours. If the stomach seems disposed to eject its contents, give twenty grains of the solid extract of Hyoscyamus weighted down with twenty grains of calomel, the latter acts as a ballast to retain the Henbane on the stomach until it

allays all irritation of this organ, we have never failed even in the most obstinate cases to quiet the stomach with this remedy.

* * * * To give the reader an idea of the quality of the different medicine enumerated in this article, which can be administered to a patient suffering from this disease, we give the quantity used in two cases suffering from this disease, the first case was that of a stout able bodied negro who we attended last spring in an attack of cerebro-spinal meningitis, we administered to him inside of eighteen hours, one ounce and a half of calomel, one ounce and a fourth of sulphate of Quinine, and two ounces of Bromide of Potassium, there was no ill effects that followed this treatment. The second case, Mr. H.—of Jonesboro, Ga. to whom we were called in consultation by Dr. Venable, the attending physician, who placed the patient on our mode of treatment successfully before I was called in. This patient took inside of twenty four hours one ounce and a half of Potassium, about one ounce of Quinine and ten drachms of calomel—yet with this and the persisant use of saline cathartics and the syringe it was twenty-six hours from the time the treatment was commenced before we succeeded in getting a thorough action on the bowels—this patient suffered no ill effects from the medicine employed, but made a rapid convalescence. Under this mode of treatment we have never lost a single patient, out of about fifty cases treated by us individually. The last mentioned case was the only one out of thirty or more cases which occurred in and around Jonesboro that recovered."

We have not space to give other equally remarkable passages from the same journal.

We certainly agree most heartily with another of our young cotemporaries from one of our busy Western cities when it says:—

"It is just and necessary that we of the West be heard upon the vitally important question of medical education. That a radical reform of the present system, and 'a higher standard of preliminary acquirement for those who desire to enter upon the study of medicine,' is demanded by every consideration of humanity and the honor and welfare of the profession, is admitted by every attentive observer. But the schools dare not attempt any substantial reform until the general voice of the profession calls for it, and it is through the journals that a popular opinion upon the

subject is to be created and expressed. This, then, is a part of our mission."

We extend the hand of fellowship most cordially to all new enterprises which are *in the advance*; with the increase of population in new regions and the influx of fresh medical men, new literature must be placed in their hands; but medical journalism must certainly take a position which we can *respect*, otherwise we must denounce that which we would gladly approve.

ARRANGEMENTS FOR THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION ON TUESDAY, MAY 2, AT SAN FRANCISCO, CAL.—For the convenience of permanent members and others desiring to attend the meeting of the Association at San Francisco, we publish the following facts, which have been sent us by Dr. H. A. Martin, Committee on Transportation for New England. They will serve as a reply to numerous inquiries which have made of us by our correspondents. Arrangements for reduced fare from Boston to Omaha and return, will be completed in season for publication in our next number.

Union Pacific Railroad.—From Omaha to San Francisco and return, \$125. Tickets good for 60 days, and sold *only* to holders of certificate from Permanent Secretary. This includes the wives and families of *all* who desire to participate in this excursion. Each person must be named in the certificate.

From Harrisburg to Omaha and return, \$49. From Philadelphia, \$53.20. Tickets sold *only* to holders of certificate as above.

To Omaha from Cincinnati, Louisville, Nashville, one fare for the round trip. From Washington, \$59.30.

Local arrangements have been made with other roads; hence application should be made at starting for *excursion* tickets.

Time.—From Omaha to San Francisco, nearly 4 days; to Omaha from Boston, 64 hours; New York, 62 hours; Philadelphia, 58 hours; Washington, 60 hours; Chicago, 22 hours.

Meals at convenient points, and good, 75 cents to \$1.00.

Sleeping Cars.—Each double berth, Omaha to Ogden, \$8; Ogden to San Francisco, \$6. Passengers will be taken by the Pacific Mail Steamship line, *via* Panama, at one-third less fare, either way. Tickets

sold *only* to holders of certificates. Those desiring certificates should apply immediately, enclosing stamp.

N. B.—It is suggested that as many as possible should be at Omaha by April 26th or 27th, at the latest, reaching San Francisco the day before the meeting.

ARE LEADEN WATER PIPES SAFER THAN THOSE MADE OF "GALVANIZED IRON?"—*Messrs. Editors.*—The Board of Melrose Water Commissioners have lately distributed an official circular addressed to "Spot Pond Water Takers in Melrose," in which they beg such of their citizens as have attached galvanized iron to their service-pipe "to remove such pipe at once, and substitute either iron lined with cement, or lead, which, according to analysis below, may be considered comparatively safe." In this analysis (made by J. R. Nichols & Co.), after statements of the extent to which oxide and carbonate of zinc have been found in specimens of Spot Pond water drawn through and confined around "galvanized iron," we find the following: "It is proved by our investigations that the use of galvanized iron service-pipes in conducting Spot Pond water is highly dangerous to health, and should under no circumstance be permitted. The action of the water upon leaden pipes corresponds with that taken from Cochituate Lake, and from Round Pond in Haverhill, Mass." Then follows a statement that after a while an insoluble carbonate of lead is formed, which coats the pipe and prevents further action of the water upon the lead; and the chemists' report closes thus: "It is apparent that of the two varieties of service-pipes, those constructed of lead are far less dangerous, as, under ordinary conditions, the action of the water is protective in the way described."

Here then is a very earnest official circular condemning galvanized iron water pipe as *very poisonous*, and commending lead pipe as virtually safe for conducting the water in question. Were the influence of this circular to be confined to the town of Melrose, an "outsider" might well content himself with calling the attention of the Melrose physicians, who are the natural guardians of the health of their town, to the danger which, in the opinion of many of their professional brethren, threatens their charge; but as the circular will surely be read and quoted very widely, it seems proper to spread a counter-warning as widely as is possible without appealing

to an incompetent tribunal. Let physicians observe that the testimony in regard to zinc poisoning as following the use of galvanized (zincd) iron water pipes is *chemical, not medical*. Chemists are competent to say whether certain substances are contained in a given water, but physicians alone are competent to investigate and pronounce upon the effect which such substances exert on the human organism; and it does not appear that any such medical investigation has resulted in a verdict against the oxide and carbonate of zinc as rendering drinking water poisonous, or even against water drawn through galvanized iron as having actually caused disease. This is said with full knowledge of the fact that the chairman of the Melrose Water Commissioners has had serious disease in his family, and has lost one child from what his (homœopathic) physician pronounced zinc poisoning, the zinc being no doubt derived from galvanized iron. Whether the physician's diagnosis was correct may be judged from reading his report, printed in the *Boston Journal of Chemistry* for February last. To me it seems very insufficient evidence on which to substitute lead for zincd iron water pipes. The poisonous influence of lead water is well established; against "galvanized iron" water only a suspicion lies, and it is to be hoped that physicians will not be so startled by the information that the latter contains oxide and carbonate of zinc as to jump to the conclusion that its use is dangerous, and by endorsing among their patients the Melrose circular, encourage the use of leaden water pipes. If the community can be supplied with a really *practicable* iron pipe lined with cement for distributing water *within* dwelling houses, it will be a great improvement on anything we now possess. But at the present stage of the water-pipe question, let the medical profession read the paper on lead pipe in the second Report of the Massachusetts Board of Health, and with this additional evidence before them, hesitate before recommending lead as a safe material for water pipes.

F. WINSOR.

Winchester, April 6, 1871.

THE following Circular has been sent to every town in Massachusetts during the present week:—

COMMONWEALTH OF MASSACHUSETTS. STATE
BOARD OF HEALTH, Boston, April 10th,

1871. *To the Mayors of Cities, and Selectmen of Towns, in Massachusetts.*

GENTLEMEN,—At a meeting of the State Board of Health, held April 5th, 1871, we were directed to communicate with you on the subject of *vaccination*. There is reason to believe, from information received from various parts of the State, that a very large number of people, of all ages, are, at the present time, unprotected against smallpox. The laws of Nature governing the spread of epidemics are not always clearly understood; but we know that smallpox may certainly be propagated among the unvaccinated, by contagion or infection; and this not only by actual contact of person or clothing, but also through the air surrounding those affected with the disease. Moreover, there is much evidence to make it probable that a marked disposition to contract the disease exists at certain times, and spreads over a great extent of territory. Before vaccination was introduced by Dr. Jenner, this "epidemic influence" was perfectly evident, occurring at various intervals, and sometimes more than once in a generation. This same "epidemic influence" may be also traced in the present century, and when it occurs those who are not protected by complete and efficient vaccination are exposed to great danger. The present epidemic of smallpox in the city of New York, and the recent outbreaks at Holyoke, and several other towns of this State, should be taken by us as warnings to be prepared for this loathsome and destructive disease. By the use of your personal influence, and the exercise of as much of the complete authority given you by Chapter 26, Sections 27-31, General Statutes of Massachusetts as may seem expedient, we believe that many lives may be saved, and much suffering avoided in the future. And we would especially urge upon you the importance of protecting the people, by careful vaccination, before smallpox appears among you.

We remain, in behalf of the State Board of Health,

Very respectfully,

Your obedient servants,

HENRY I. BOWDITCH, *Chairman*.

GEORGE DERBY, *Secretary*.

THE NEW YORK FREE DISPENSARY FOR SICK CHILDREN.—There is surely no subject which presents itself with more absolute and increasing force to the reflecting and affectionate heart, than that of the duty of affording relief to those of our fellow-crea-

tures whom poverty and crime shut out from the relief which can be given by medical science. That this sense of duty is the more readily aroused when the sufferers are little helpless children, is explained by the fact that these little ones appeal to the parental instinct, the noblest in our nature.

The necessity of institutions where the sick children of the poor may daily receive gratuitous medical and surgical relief, must be apparent to all who give the subject thought, but especially to those who interest themselves in the welfare of the large number of the destitute families whose need of the necessities of life calls for all that the charitable can give.

In order more fully to supplement the charitable institutions of New York, a Free Dispensary for Children has been established, which will be open several hours daily and will furnish medical attendance and remedies to such as may apply. Its success thus far affords evidence of the wisdom of its founders.

The following physicians have been appointed on the attending staff:—

Drs. B. F. Dawson, John C. Jay, Jr., S. F. Morris, David Magie, Norton Folsom, Frank P. Foster, H. T. Hanks, and E. C. Seguin.

THE NEW ST. THOMAS'S HOSPITAL, in London, as seen from Westminster Bridge, presents a large and handsome block of buildings, fronting Westminster Bridge-road, and six or seven similar blocks at regular distances, the ends of all of them overlooking the river, extend over an apparently interminable extent of land, and beyond them all comes a range of low, brick buildings, with a tower, which closes the vista. These low buildings are designed for the medical school. The blocks intermediate between them and the bridge are the pavilions containing the sick wards; and the building fronting Westminster Bridge-road contains offices and official, not medical, residences. Solid, handsome, and extensive though the whole no doubt is, the peculiar arrangement of it in distinct blocks, an arrangement which is especially marked from this side, diminishes, as such a disposition of plan cannot fail to do, the effect which so extensive a building might produce on the spectators. Passing round to the land side, we receive a much more definite impression of immense compact length; the buildings here are much more closely connected together. A long line of lofty iron railings divides the hospital

from a spacious public road, and within these the buildings are almost continuous.

* * * * *

All modern hospitals are now built on what is called the pavilion system, that is to say they are constructed in distinct buildings, called pavilions, standing apart from one another though connected on the lower story, each pavilion being two or three stories high, but only wide enough to contain one ward, so that there may be windows on each side. No London hospital can at present be considered a perfect example of this mode of arrangement, and the planning of several of them is now considered extremely defective; but we have in the Herbert Military Hospital, at Woolwich, a good specimen of the modern treatment of such buildings, arranged, like New St. Thomas's, on the pavilion principle. The different blocks in this latter building are planted at right angles to the river, their end windows looking over it, and the corridors and buildings which connect them together, and which may be termed the back-bone of the whole, are placed on the landward side. This explains why the isolation of the different pavilions is so clearly seen from the river; and the connection of the whole into one mass is more discernible from the land. A homely illustration of the disposition of plan at St. Thomas's would be the head of a garden rake, when the iron represents the corridor, and the different teeth the pavilions.

The large block next Westminster Bridge-road, as already mentioned, contains offices, a board room, a very handsome hall for public meetings, residences, and other apartments connected with the administration of the charity. The wards for the sick are in six pavilions, nearly identical in arrangement, and planted 125 feet apart. The two blocks nearest the centre are 200 feet asunder, and between them stands the chapel, with a public entrance hall under it. The reason of the great space which separates the blocks is the necessity for avoiding all transmission of foul air or infection from one ward to another, a necessity which lies at the root of all modern hospital arrangements.

If we enter one of the pavilions we shall find it connected on the ground floor to its fellows right and left by a corridor of handsome width, and of a length apparently interminable. On the first floor there is a similar communication between the blocks, but capable of being entirely closed if at any time it were wished to isolate a pavilion. Above this level there is no connec-

tion between the pavilions. Each block has its own stone staircase, spacious and easy of ascent, and a hydraulic hoist for the conveyance of patients, and a smaller hoist for their food, fuel, &c. Let us suppose, however, that we use the staircase, and arrive at the first, or second, or third floor. We find near the top of the stairs four moderate-sized rooms, of which one is a ward for two patients, a second is called a consultation room, a third is the "ward kitchen," where all special cooking and preparing of hot diets and applications is carried on; and the fourth is the room of the "sister," or head nurse, with a window looking into the principal ward itself. Each ward is a long, spacious, brightly-lighted room, 15 feet high, 28 feet wide, and 120 feet long. It will accommodate 26 beds; and its walls are pierced by 13 tall windows on each side, and by end windows, which face us as we enter. The floors are oak; the walls and ceiling are faced with the hardest and least absorbent cement, but the lining of the walls has been colored a rather unpleasant, warm color, perhaps too much inclined to a reddish tint.

Openings in the upper part of the walls, screened by iron gratings, tell of provision for ventilation; and the same object has been kept in view in the arrangement of the fireplaces, which we find in the centre of the room. There are three of these fireplaces to a full-sized ward, and each of them stands in front of a very stout iron shaft, extremely like the mast of a ship in a cabin, from floor to ceiling. The smoke flues from the fireplaces are carried up within these shafts, which are themselves air channels for ventilating purposes, and in which the outgoing current will be powerfully stimulated by the action of the heat in the iron smoke flue. There is, in addition, in the roof of each pavilion, a separate provision for the extraction of vitiated air when these fires are not going. A very ingenious contrivance for warming the air that is introduced into the building is to be seen, and felt, in operation in all parts of the structure; it consists of coils of hot-water pipes of much the usual construction, only that each length of pipe has a number of discs cast on it, so as to increase very materially its radiating surface. Of course, in addition to these arrangements, which will be at work at night and in cold weather, the windows can be and will be opened freely. At that end of each ward which overlooks the river, a very pleasant feature has been contrived in the shape of a kind of external balcony in which, in fine

weather, patients can be placed. These balconies have been utilized as prominent features in the architectural treatment of the exterior. The bath rooms and other necessary appendages have been placed in tower-like structures that flank the ends of each pavilion, and are well arranged for their purpose and thoroughly well-ventilated. Two shafts, one for dust and the other for foul linen, descend from each bath room to the basement of the building, and furnish ready means for removing all that it is necessary to get rid of.

The description of one ward, with its attendant rooms, &c., will apply to all on the three principal stories of each pavilion. The attic stories are devoted to the attendants and nurses, and are suitably divided into small separate sleeping rooms, with a common sitting room. The ground floor in some blocks is to be used as a ward for patients; in others it is devoted to other purposes; for instance, the kitchens occupy that story in the pavilion east of the centre, while the matron's room and linen store are placed in the corresponding position west of the centre.

Certain distant buildings, for the general purposes of the hospital, are reached from the long, main corridor, the one which gives access to the pavilions on the first floor. Among these the most prominent is the chapel, an elegant vaulted structure, with a nave and aisles, and which the liberality of some of the governors is about to adorn with pictures and stained glass. There are also two operating theatres, with their steeply raised seats and a northern light pouring down in floods upon the spot where the now happily unconscious victims of science will be subjected to those horrid, though humane, processes which form the delight at once of surgeons and students. Then there is a compact, distinct building, curiously arranged to afford accommodation to a large number of Miss Nightingale's nurses, for whom a training school exists in connection with the hospital. Another of these separate structures is occupied by the residences of the principal medical officers, and places them where they will be within call at a moment's notice.

That part of the ground story of the hospital which abuts upon the land side has to provide for a large and entirely distinct series of services which has not hitherto been alluded to. A very large proportion of the good done by a London hospital is what it does for its out-patients, who very far outnumber those whom it houses within its walls, and in meeting casualties more or

less severe. Partly by appropriating the lower stories of the building, of which the upper floors serve purposes which have been already alluded to, and partly by adding to them low buildings of a single story in height, the ingenuity of the architect has contrived a very extensive series of rooms for the reception of out-patients and casualties, of which the completeness is as great as the arrangement is excellent. In each department the applicants will pass through in a regular order from the entrance to their waiting-room, from the waiting-room to the physician's or surgeon's room; from thence to the dispensers of medicine or surgical appliances, and will then leave by a different door. The casualties and serious accidents are equally well provided for, and it seems as if nothing could occur in the working of even so vast and complicated an establishment as a hospital for more than 600 beds which had not been foreseen and provided for.

If we now pass to the low buildings, which are the most remote of all from Westminster Bridge, we shall find ourselves in a well-arranged medical school. A tunnel devoted to the grim purpose of transporting hither the bodies of those who die in the hospital is significantly enough the only direct connection between this building and the main one. Here is a large museum, with galleries at various heights, and full of cases for specimens; a much more modest room serves as library, and the contrast between the two serves to enforce the superiority of specimens as a means of education for the medical student compared with books. Here a large laboratory is in course of being fitted up, and adjoining it is a chemical lecture room. On the other side of a passage we come upon the anatomical lecture room, with adjoining it the airy and light, yet forbidding-looking, set of rooms which are connected with *post-mortem* examinations and the dissecting rooms. The last room of all—and there is something of pathos about the fact—is a waiting room for funerals and a small appropriately-fitted mortuary, where the bodies of the patients who have died can be seen by their friends. The neat funereal air of this little chamber and the narrow space allotted to each body seem as if they almost mocked the magnificent extensiveness of every other part of the arrangements, and would point a moral, the subject of which should be the small account of the poor wretch who, after science has done for him all she can, but in vain, and after he in turn has yielded to science such knowledge as the skill of the

dissector or the acumen of the student has been able to extract from his case, is brought hither when nothing more can be done for or with him. He is of no further account now, fit only to be "taken away by his friends." * * * * *

The number of beds provided for is about 600. The cost, including the site, for which £90,000 was paid, will approach, if it does not touch, £400,000, or at the very high rate of £630 per bed. With the land the outlay will be close to half a million sterling! The building is of brick, the main walls being principally built with gault brick, and faced with red bricks from Farnham, similar to those employed in the Royal Albert Hall.

DEATHS OF PROFS. WAGNER AND NIEMEYER.

—Among the victims whom the medical profession has furnished in connection with the recent Franco-German war, have been two men of more than common note—Prof. Albrecht Wagner, of Königsberg, who died at Dole on February 15th; and Prof. Felix von Niemeyer, of Tübingen, who has died lately at Nancy. The cause of death in both cases was typhoid fever, contracted in the discharge of duty. Dr. Wagner was well and favorably known in Germany for his works on the Resection and Regeneration of Bones (translated a few years ago by the New Sydenham Society), on Hydrophobia, Diabetes in connection with Carbuncle, Resection of Nerves, &c. On hearing of his death, the Crown Prince addressed to the Albertus University at Königsberg a letter expressive of his regret at the occurrence, and his esteem for the deceased. Dr. Wagner had been attached to the army of Gen. von Manteuffel as Surgeon-general. The name of Felix von Niemeyer has become well known among us through the translations of his excellent Text Book of Practical Medicine and his Lectures on Phthisis. He was Director of the Field Ambulance at Nancy. In the deaths of Wagner and Niemeyer a great loss indeed has been sustained by medical science.—*British Medical Journal*.

CASTRATION FOR EPILEPTIC INSANITY.—Dr. Mackenzie Bacon, in the *Practitioner* for June, cites a case of removal of the testes in a lad who had brought on epilepsy and imbecility by self-abuse. The result was an improvement in every way, including a marked increase of intelligence. Dr. M. thinks the operation would be beneficial to many insane epileptics.—*Pacific Med. Jour.*

Medical Miscellany.

AMERICAN MEDICAL ASSOCIATION.—In addition to the information furnished on page 251, regarding transportation to the Convention at San Francisco, we learn that permanent members and delegates appointed by societies and medical institutions may obtain tickets between Boston and Omaha and return for \$56.00—or at a discount of one-third from regular rates. *It is essential that a certificate of the member's right to a ticket or tickets be obtained from the Permanent Secretary, Dr. W. B. Atkinson, Philadelphia.*

UNIVERSITY COURSES OF LECTURES.—The courses of lectures by Drs. C. J. Blake, H. W. Williams, and R. Amory, have been announced in our advertising columns. We are requested to state that the lectures by Dr. Blake on Otology, announced as commencing April 5th, are postponed till June.

In addition to the courses mentioned, a series of eighteen lectures will be delivered by Dr. B. Joy Jeffries, on the Anatomy and Physiology of Vision, at Boylston Hall, Cambridge, on Monday and Thursday afternoons, at 4, P.M., commencing April 10th. The lectures cannot fail of interesting medical men. Officers and members of any department of the University, graduates of this and other Colleges, and teachers of public schools have a right to admission. Other persons may be admitted to the course, on the payment of five dollars at the Steward's office.

ST. MARY'S HOSPITAL FOR CHILDREN.—A hospital bearing this title has just been opened, at 206 West 40th Street, New York, by the Sisters of St. Mary, of the Episcopal church, who were formerly in charge of the Sheltering Arms. The medical staff consists of Drs. W. H. Carmalt, Robert Watts, and M. D. Knight.

A NAIVE CONFESSION.—The homœopathic editor of the *Chemist and Druggist* makes, in the last issue of that journal, the curious admission that many of the homœopathic preparations sold as medicine contain not even the billioneth of medicine which they are supposed to administer. The editor says:—

“We are frequently applied to by chemists for tubes, corks, labels, and unmedicated pilules, but *without medicines*; and although we refuse to supply the unmedicated pilules, confectionary houses are now manufacturing them and selling them to chemists on a large scale. To one of these chemists we rather suspected, we applied for *Lachesis 2* and were at once supplied, proving its non-integrity.

“The non-integrity of *Lachesis 2* was assumed because Mr. Thompson had previously stated the quantity of genuine *Lachesis* (snake poison) was so limited that no stronger dilution than the third could be procured.”—*Med. Press and Circular.*

SPINAL APOPLEXY.—Dr. Christian Jorg, in the *Archiv für Heilkunde*, mentions that in ten well observed cases of spinal apoplexy, in which a *post-mortem* examination was made, there were

two, in which the hæmorrhage in the spinal canal was followed by hæmorrhage bursting into the cranium. In one of these cases unconsciousness came on suddenly, in the other, which followed in a woman after labor, there was loss of power of various parts of the body. Of the eight cases of hæmorrhage into the spinal cord itself, there were only twice any brain symptoms. One, complicated by aphasia, showed as a cause an effusion of blood in the middle of the left hemisphere of the brain. The other, which occurred with rapidly supervening unconsciousness, which quickly passed off, showed a rupture of the ligamentum subflavum and interspinal ligament of the fifth and sixth vertebræ. Here the rupture occurred from a fall from a great height, and a concussion of the brain took place.—*The Doctor.*

TO CORRESPONDENTS.—Communications accepted:—Cases of Local Paralysis.—A New and Successful Treatment of Pertussis.—Quackery in the Regular Profession.

ERRATUM.—In the last number of the JOURNAL, page 235, second paragraph, for “what she has done,” read *what she has not done.*

PAMPHLETS RECEIVED.—The Nineteenth Annual Report of the Committee of Management of the Hospital for Sick Children, Great Ormond Street, London, 1871.

DIED.—In Chelsea, April 9th, John P. Lynam, M.D., aged 35 years.

Deaths in sixteen Cities and Towns of Massachusetts for the week ending April 8, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	95	Consumption 48
Charlestown	12	Pneumonia 23
Worcester	18	Typhoid fever 10
Lowell	21	Croup and Diphtheria 8
Milford	4	Scarlet fever 8
Chelsea	5	
Cambridge	12	
Salem	10	
Lawrence	3	
Springfield	8	
Lynn	21	
Gloucester	8	
Newburyport	3	
Somerville	9	
Fall River	9	
Haverhill	2	

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Lowell reports two deaths from smallpox.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, April 8th, 95. Males, 46; females, 49. Abscess, 1—apoplexy, 1— inflammation of the bowels, 2—bronchitis, 2— inflammation of the brain, 2—disease of the brain, 3—cancer, 2—cyanosis, 2—consumption, 17—convulsions, 2—croup, 3—debility, 4—diarrhoea, 1—dropsy, 2—dysentery, 1—erysipelas, 1—scarlet fever, 4—typhoid fever, 2—gastroenteritis, 1—disease of the heart, 4—homicide, 1—intemperance, 1—disease of the kidneys, 1—disease of the liver, 3—congestion of the lungs, 3— inflammation of the lungs, 4—marasmus, 3—measles, 1—neuralgia, 1—old age, 2—ozæna, 1—paralysis, 3—premature birth, 2—peritonitis, 1—disease of the prostate, 1—puerperal disease, 1— whooping cough, 1—unknown, 9.

Under 5 years of age, 39—between 5 and 20 years, 4—between 20 and 40 years, 17—between 40 and 60 years, 16—above 60 years, 19. Born in the United States, 63—Ireland, 23—other places, 9.

GRIMAULT & CO.'S PHARMACEUTICAL PRODUCTS,

Prepared with the most scrupulous care, under the immediate supervision of Prof. Leconte, M. D. Pharmacist of the First Class, Ex-Preparator of the course of Physiology, at the College of France.

E. FOUGERA, New York, General Agent for the U. S.

GRIMAULT'S MEDICINAL PEPSINE. IN POWDER.

The therapeutical value of this Pepsine in all disorders of the stomach, resulting from the inability of this organ to digest and assimilate food cannot be over estimated. It is used daily with great success in *Dyspepsia, Slow and Difficult Digestion, Gastralgia, Debility of the Stomach*, from old age or from abuse of liquors, and in *Vomiting during Pregnancy*. Physicians will please notice that GRIMAULT'S PEPSINE may always be relied upon. Its digestive power, being physiologically tested by Mr. Leconte, late assistant to Claude Bernard, is always the same.

DR. LERAS' PHOSPHATE OF IRON, In Solution, Syrup or Sugar Coated Pills.

A pleasant combination of Pyrophosphate of Iron and Soda, colorless and tasteless. It is readily assimilated and used with great success in *Chlorosis, Anæmia, Dysmenorrhœa, etc.*, replacing all other ferruginous preparations. It never causes constipation.

SYRUP OF HYPOPHOSPHITE OF LIME, DR. CHURCHILL'S PRESCRIPTION.

Prescribed by the most distinguished physicians for *affections of the lungs, Phthisis, etc.* Each tablespoonful contains two grains of the pure hypophosphite.

Also Syrup of Hypophosphite of Soda, of Iron, and of Manganese.

IODISED SYRUP OF HORSE RADISH.

A pleasant substitute for Cod Liver Oil, prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodine, so intimately combined as to be insensible to the action of starch.

GRIMAULT'S INDIAN CIGARETTES.

Prepared from the Resin of *Cannabis Indica*.

Asthma, Bronchitis, Loss of Voice, and other affections of the respiratory organs, are promptly cured or relieved by the use of these cigarettes.

GRIMAULT'S GUARANA.

Prepared from the *Paulinia Sorbilla* of Brazil. It is a sovereign remedy in *Headache, Neuralgia, and Diarrhœa*.

GRIMAULT'S MATICO INJECTION AND CAPSULES.

A new preparation of the leaves of Matico, of more certain effect than most of the medicines recommended for the same class of diseases. The capsules contain the essential oil of Matico, combined with the balsam of Copaiba, and do not cause any unpleasant eructations. The injection is prepared with distilled water saturated with Matico.

GRIMAULT'S SYRUP OF PERUVIAN BARK AND IRON.

This new combination unites, in a small volume and an agreeable form, two elements which have never before been blended—Red Peruvian Bark, the best of tonics, and Iron, which forms the base of the blood. It is especially suitable for lymphatic or delicate persons, and in all cases for which Bark and Iron are usually prescribed.

Digestive Lozenges and Powders of the Alkaline Lactates.

(SODA AND MAGNESIA.)

Of BURIN Du BUISSON.

The researches of Dr. PETRÉQUIN, Prof. at the School of Medicine of Lyons, aided by M. BURIN Du BUISSON, the eminent chemist, have established beyond a doubt the *special Adaptation of the Alkaline Lactates* to the treatment of functional diseases of the digestive organs. These preparations will be found very beneficial in *imperfect and laborious digestion, heartburn, gastralgia, loss of appetite, nausea, distention of bowels and stomach*. They are more certain and less irritating than Calomel or Magnesia, or preparations having Charcoal, Bismuth, or bicarb. of Soda for their basis.

DIGESTIVE LOZENGES AND POWDERS OF THE ALKALINE LACTATES WITH PEPSINE.

These are prescribed in certain cases when the digestive powers are deranged, weakened, or null.

Ferro-Manganic Preparations of Burin Du Buisson.

The superiority of combinations of the *Salts of Iron and Manganese* over those of Iron have been fully established by the experiments of Dr. PETRÉQUIN. The following *Ferro-manganic Preparations*, approved by the Imperial Academy of Medicine of Paris, have been originated by Mr. BURIN Du BUISSON in accordance with these experiments, and are confidently recommended to the medical profession as replacing advantageously all medicines having iron as their base, especially in *chloranæmia, chlorosis, and all affections caused by the poverty of the blood*.

Ferromanganic Powder, for effervescing water.

Carbonate of Iron and Manganese Pills.

Syrup of the lactate of iron and manganese.

Dragees of the lactate of iron and manganese.

Syrup of the Proto-Iodide of Iron and Manganese.

Pills & Dragees of the Proto-Iodide of Iron & Manganese.

Manganous Iron reduced by hydrogen.

PHARMACEUTIC GRANULES AND DRAGEES.

SUGAR-COATED PILLS

or

GARNIER, LAMOREUX & CO.

Members of the College of Pharmacy of Paris.

These Granules and Dragees are recognized, both in Europe and in the United States, as the most reliable way of dispensing valuable medicines.

Physicians will find many worthless imitations, and they must be careful to see that the Pills dispensed by the Druggists are made by

Messrs. Garnier, Lamoreux & Co.

Members of the College of Pharmacy of Paris.

THE FOLLOWING ARE SOME OF THE PRINCIPAL PREPARATIONS.

DRAGEES.

U. S. P.	U. S. P.
Aloes and Myrrh.....4 grains.	Cynogloss.....1 gr.
Compound Cathartic.....3 "	Quevenne's Iron reduced by Hydrogen.....1 "
" ".....1 1/2 "	Proto-Iodide of Iron.....1 "
Aloetic.....4 "	Lactate of Iron.....1 "
Aloes and Asafoetida.....4 "	Sulphate of Quinine.....1 and 2 "
Dinner, Lady Webster's.....3 "	Valerianate Quinine.....1 "
Comp. Calomel, Plummer's.....3 "	" Zinc.....1 "
Blue Pills.....3 "	" Iron.....1 "
Opium Pills.....1 "	Citrate of Iron and Quinine.....2 "
Calomel Pills.....2 "	" Iron.....2 "
Opium et acet. Plumb. each.....1 "	Willow Charcoal.....2 "
Extract of Rhatny.....2 "	Discordium.....2 "
Compound Rhubarb.....3 "	Anderson's Anti-Bilious and Purgative.....2 "
Compound Colocynth.....3 "	Extract of Gentian.....2 "
Compound Squills.....4 "	Iodide of Potassium.....2 "
Dover Powders.....3 "	Calcined Magnesia.....2 "
Carb. Iron, Vallett's Formula.....	Rhubarb.....2 "
Car. of Manganese and Iron.....	Ergot Powder, covered with sugar as soon as
Cermes.....1-5 "	pulverized.....2 "
Kantinine.....1 "	Phellandria Seed.....2 "
Bi-Carbonate of Soda.....4 "	Washed Sulphur.....2 "
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Extract of Nux Vomica.....1/4 "	Emetine.....1-4 "
Seritrine.....1-24 "	Iodide of Mercury.....1-4 "
Sulphate of Morphine.....1-8 "	Valerianate Morphine.....1/4 "
Corrosive Sublimate.....1-12 "	Acetate Morphine.....1-8 "
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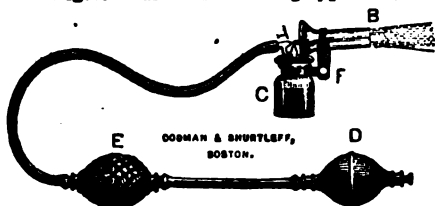
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Fig. 15. The Complete Steam Atomizer. See Pamphlet.

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Fig. 5. Shurtleff's Atomizing Apparatus.



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B8—1y.

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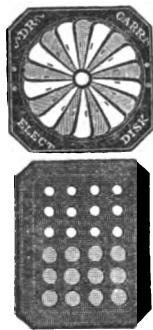
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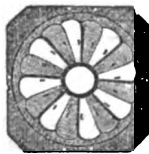
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Jy 18—4t

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Whole No. 2255. }
Vol. LXXXIV. }

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For the first year—Anatomy, Physiology and general Chemistry.

For the second year—Medical Chemistry, Materia Medica, Pathological Anatomy, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

For the third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

No student will receive his degree until he has passed a satisfactory examination in all the above-mentioned subjects. Examinations in all these subjects will be held at the beginning, middle and end of each year.

Students who take the regular course of the School will be divided into three classes according to their time of study and proficiency. Students may be admitted to advanced standing in the regular course; but all persons who apply for admission into the second or third year's class must pass an examination in the branches already pursued by the class to which they seek admission. Students who fail in any subject at one examination may be examined again at the next examination. The regular examinations will be held in the following order:—

At the end of the first year—Anatomy, Physiology and Chemistry.

“ “ “ second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

“ “ “ third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

Students who began their professional studies elsewhere may be admitted to the School and become candidates for a degree without joining the regular classes; such students may take up the subjects which they have not previously studied, in such order as may be thought best, passing the examinations at the regular times.

Students who do not intend to offer themselves for a degree, may join the School for one term or more, and pay for instruction in such subjects as they select. Such students will be furnished, without examination, with certificates of attendance.

REQUIREMENTS FOR A DEGREE.—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examinations, and have presented a thesis.

FEES.—For Matriculation, \$5; for the Year, \$200; for either Term, \$120; for Graduation, \$30; for courses in single subjects, according to the detailed announcement.

[] The plan will go into operation on Sept. 28th, 1871, but the changes above described will not affect students who have already entered the School, unless by their choice.

Apr. 20—

For further information, address

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114 Boylston Street, Boston.

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MANUFACTURED BY
JOHN WYETH & BROTHER,
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CHLORAL has been used largely in this city, with almost uniform good results, as a speedy and reliable soporific. The experiments conducted by many of our leading practitioners have established a like experience with that of the profession in Germany and France, viz., that in moderate doses it produces sleep almost instantly, without occasioning the torpor, disagreeable sensations, and other objectionable results of opium, and kindred narcotics. We feel confident CHLORAL will maintain a high rank among the reliable hypnotics.

Recent experiments have conclusively proven that the conjoint use of Nux Vomica, Ignatia Amara and consequently Strychnia, are contra-indicated, as they completely neutralize the sedative effect of Chloral. It is even claimed as an antidote for Strychnia, but we hesitate to endorse so absolute a statement.

We prepare a Syrup representing five grains of the CHLORAL HYDRATE to the fluid drachm.

It is pleasantly flavored so as to be acceptable, and is perfectly free from Chlorous Acetylene, Chloride of Carbon, and other incidental products, often found in the commercial Hydrate.

JOHN WYETH & BROTHER,
1412 Walnut St., Philadelphia.

ELIXIR BROMIDE SODIUM.

WE ask the attention of Physicians and Apothecaries to the advantages claimed for BROMIDE SODIUM over the Bromides of Potassium and Ammonium.

The taste, when perfectly pure and free from Iodine, is almost identical with that of common salt, which being familiar to all and disagreeable to few, will recommend it to patients to whom the taste of the other Bromine combinations are specially unpleasant.

Having Soda as its alkaline base, it is more readily absorbed into the system—more quickly assimilated, and consequently acts more directly upon the animal economy than any Salt of Potassa can do. Physicians, who have experimented with it, claim that its continued use does not occasion the irritation of the stomach and nausea often produced by Bromide Potassium. Neither have they found the same tendency to produce redness of the skin, external irritation and eruption. This Bromide, weight for weight, contains about eleven per cent. more Bromine than the Bromide Potassium; a fact which should be borne in mind in its application.

So similar is it in taste to common salt, that it may be given in the patient's food, in flavoring soup, &c. &c., without detection.

We manufacture this Salt with special care for medicinal use, which we offer to the trade at a cost but little in excess of that charged for Bromide Potassium.

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Comp. Fluid Ext. Buchu and Pareira Brava.

This fluid extract is composed of equal quantities of Buchu, Pareira Brava, and Collinsonia Canadensis. As a tonic and diuretic it will be found of great value; exerting prompt remedial action in Calculous Affections, Chronic Inflammation, and Ulceration of the Kidneys and Bladder, Leucorrhœa, Dropsy, &c.

In Chronic Inflammation of the Bladder, for allaying irritability of that organ, and correcting the disposition to profuse mucous secretion, we specially recommend it.

Adult dose, one teaspoonful three times a day. The dose may be increased to as much as a tablespoonful in some cases. The prompt and effective action of this combination, proven in many obstinate cases, induces us to urge Physicians to give it a trial.

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There is perhaps no prescription so generally used and with such gratifying results, as the above combination. Owing to the intensely bitter taste of the solution or the syrup, patients very generally object to them, and many sensitive stomachs reject their administration. Physicians hesitate to prescribe in pill form from the want of prompt action—the frequent passing away from the system undissolved, and the occasional cumulative action of the Strychnia when the pills are long retained. This Elixir has been extensively used with very gratifying results, and does not seem open to any of the above objections. Using pure Alkaloids of Quinia and Strychnia, the excess of acid is not required, the bitter taste is not developed, and the Elixir is readily taken by children as well as adults.

Each teaspoonful contains two grains of Phosphate of Iron, one of Quinia, and one sixtieth of a grain of Strychnia.

Adult dose, 1 teaspoonf. 3 times a day.

COD-LIVER OIL

COMBINED WITH

Hypophosphites of Lime and Soda.

The theory of the advantage of the Hypophosphites is based upon the elimination of free Phosphorus into the system.

This preparation represents in a convenient form one of the most efficient and popular remedies in cases of a pulmonary character, with tendency to hemorrhage, loss of appetite, cough, and specially when attended with emaciation.

DIRECTIONS.

Before taking, shake the bottle well, so as to mingle thoroughly the Hypophosphite Salts with the Oil. Adults should take a teaspoonful three times a day, and increase to a dessert-spoonful in a week.

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The Company take special pleasure in asking the attention of the profession to Dr. Hayden's Saturate of Viburnum Compound, as they are confident it will meet with their warmest approbation, and be found to approach as near a specific in *Dysmenorrhœa* as any one medicine can, and that it is a more important addition to the physician's list of valuable remedies than the Hydrate of Chloral, or any of the various preparations which have been introduced to the profession since the discovery of anesthesia. The Saturate of Viburnum Compound contains no preparation of opium or other narcotic, and may be administered freely without any unpleasant after-effects.*

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Price, \$2 per pound.

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Price Reduced!

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HAVE proved to be a valuable remedy in the treatment of all diseases of the Brain and Nerve Centres, particularly *Lapses of Memory*, Mental Derangement, Paraplegia, Paralysis and Impotency—especially in the three last, and in all cases where there is a loss of Nerve or Vital Force.

The Simple and Compound Phosphorus Pills were first introduced to the profession five years since by this Company, they having procured the formulae from Dr. Hayden; and they prepare them strictly according to his directions. The Phosphorus Pills are now prescribed in almost every city and town in the United States and in many parts of Europe; and but few remedies have met with more approval.

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Dr. Hayden,—Dear Sir:—I have used your Compound Phosphorus Pills the past six months, in a number of cases of Anaphrodisia, and in physical and nervous weakness caused by protracted influences injurious to the vital economy, and have been very much pleased with their effect. I have also used them with much benefit in inflammation of the prostate gland, and in affections of the spinal cord. I have used Phosphorus with Sugar of Milk, Glycerine, Sulphuric Ether, and Alcohol, also Phosphoric Acid, but I think your preparation in Phosphorus is far far preferable to others.

Respectfully, CHAS. H. S. DAVIS, M.D.

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Dr. G. Dujardin Beaumetz, of the Hospital de la Pitié, Paris, concludes, after an elaborate study of the action of phosphorus in locomotor ataxia, that—1. Phosphorus appears to have a favorable influence in progressive locomotor ataxia. 2. Phosphorus acts as an excitant and as a tonic to the nervous system. It returns to the nervous tissue an indispensable element. 3. The administration of Phosphorus should be commenced in small doses, one milligramme (about the 1-60 of a grain), and increased gradually until the dose of one centigramme (1-6 of a grain) is reached. The administration should cease when digestive troubles supervene.—*Bulletin General de Therapeutique*, Jan. 15, Feb. 29, March 15, 1868.

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NOTE.—Physicians prescribing the Phosphorus Pills should be particular to designate whether *Simple* or *Compound* Pills are desired, and also to write for "Hayden's" Phosphorus Pills, as a firm in Philadelphia, having no sympathy with the GOLDEN RULE, have appropriated Dr. Hayden's original formula and language to their own use, in order to profit by the considerable sums of money paid to the various medical journals by this Company, in calling the attention of the medical profession to the value of the Phosphorus Pill. It is very questionable whether men who will stoop to such dishonorable transactions in business can be trusted to prepare medicine for the profession and the sick.

Mch. 18—19.

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GARRATT'S ELECTRIC DISK.—For local rheumatism, weakness, pain or palsy. A neat self-acting *electricque*, that is powerful yet comfortable; and as it acts without shock, is perfectly safe in all cases. It is simply to be worn on the body or limb for the tonic effects of localised primary electricity. The most delicate can wear it with ease.

This highly electrical disk (of *magnetite-zinc alloy* and *silver* gives a gentle *protracted* application. It is in effect very efficient. They are a most convenient *special remedy* for a lame back, shoulder, stomach or side, for a weak throat or thorax, for *cold rheumatism*, neuralgia, local palsy, and various nervous diseases.

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By JOHN M. HARLOW, M.D. With a Plate. A few copies of this most remarkable case, as read at a late Annual Meeting of the Massachusetts Medical Society, by Dr. Harlow, the attending physician, have been printed in a pamphlet form separately from the Publications of the Society, and may be had at this office. Dr. H. here gives briefly the subsequent and final history of the case, to the death of the individual twelve and a half years after the accident, with description of the injury as now shown in the skull deposited in the Museum of the Medical College in this city. Price of the pamphlet, 20 cents. Sent by mail, postage paid.

THE PHYSICIAN'S HANDBOOK OF PRACTICE for 1871.

By WM. ELMER, M.D., and ALBERT D. ELMER, M.D.

Copies of the Handbook for 1871 have been received, and are on sale at the Medical Journal Office. The work is well printed and raised, on good paper and in neat binding, and the internal arrangements for the practitioner's daily use are ample and convenient.

Price, \$2.00. Orders are solicited by the Publishers of this Journal. On receipt of the money by mail, the work is sent free of postage.

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The subscriber continues, as for the past twelve years, to devote special attention to the propagation and supply to the profession of the best possible *materiel* for vaccination.

Last spring he sent a special agent to Paris to investigate fully the whole subject of animal-vaccination as practised there, and to procure such supplies of virus, in various forms and from many different animals, as might enable him to inaugurate the method here. This agent returned two months since, and the objects sought in sending him have been fully attained. Over twenty heifers have already been successfully vaccinated, others are vaccinated every few days from the two non-humanised "stocks" mentioned below, and this "service" will be continued indefinitely if, as is not doubted, the support of the profession justifies the great and continual labor and expense.

All virus issued by me is collected by myself from vaccinations of heifers and infants, made by my own hand, and is fully warranted in every respect. In any case of failure of a first supply, a second will be sent on notification within thirty days.

TERMS.

COWPOX VIRUS, derived by transmission from heifer to heifer, from the famous case of cowpox discovered at Beaugency, in France, in 1806. **COWPOX VIRUS** from inoculation of an heifer in 1868, from an original case of horse-pox at Alfort in France, and since then from heifer to heifer. Crusts, \$5; Capillary Tubes of fluid lymph, \$3; Packages of ten ivory points, charged on both sides, \$2 each.

VACCINE VIRUS, of one perfectly healthy human remove from either of the above. **VACCINE VIRUS** from vaccination of healthy selected infants with the "stock" of the National Vaccine Institution of London, derived in long succession, for seventy years, from lymph collected by Jenner himself; the oldest and best long humanised virus in existence. Crusts, \$3; Tubes, \$2; Packages of points, \$1.50 each.

The Tubes and Points are recommended as the best forms of the cowpox; of the humanised "stock" all forms are equally reliable.

I shall be most happy to answer all inquiries touching the subject of Vaccination, and on any week day, from 8 to 4 P.M., to receive the visits of physicians, and exhibit to them heifers in different stages of the disease; but no orders for virus will be noticed without a remittance. The original cowpox lymph will not be supplied to or through agents or dealers.

Dec 1, 1870.

Address Dr. HENRY A. MARTIN,
27 Dudley Street, Boston Highlands, Mass.

COPARTNERSHIP NOTICE.—I have this day admitted Geo. F. H. MARKON, for seven years my head clerk, and JOSEPH T. BROWN, Jr., my son, partners in my business. I avail myself of this opportunity to tender my sincere thanks to my old friends and customers for the liberal patronage bestowed upon me for more than THIRTY YEARS, and respectfully ask a continuance of their favors in behalf of the new firm. JOSEPH T. BROWN,
292 Washington Street.

Boston, March 1, 1869.

JOSEPH T. BROWN & CO., Druggists and Pharmacists, 292 Washington, corner Bedford Street, Boston, Manufacturers of Standard Pharmaceutical Preparations, and Dealers in the Finer Drugs, Medicinal and Fine Chemicals, Select Powders, Pure Essential Oils, Genuine Medicines, Mineral Waters, New Remedies, &c. &c.

We also offer a full and carefully selected assortment of that class of Fancy Goods and Toilet Requisites usually found in a first-class Drug Store.

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By manufacturing ourselves, by careful selection from the market, and by direct importation, we shall be able, at all times, to supply our customers with the highest grades of every article in our line.

Boston, March 1, 1869.

Mch. 11.—11.

PHYSICIAN'S DAILY ACCOUNT BOOK.—Published and for sale at the Medical Journal Office. This Account Book has been in use for many years, and has been found convenient and economical to the practising physician. It is constructed upon the plan which some of the leading physicians of Boston consider best adapted to the limited time which the medical practitioner has to bestow upon the proper keeping and making out of his accounts. A cash book and ledger accompany the daily account; but as some prefer a different arrangement in making their charges, the following kinds of the books are furnished, with the prices annexed:

Small size, with Day Book, Cash Book and Ledger, \$3.00
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Orders, with the amount enclosed, may be sent by mail to the publishers of the Journal, and the book will be forwarded by Express, or as otherwise directed.

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Prepared on the Sea-Shore of Cape Cod and Cape Ann, by Mr. CASWELL, personally,
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The universal demand for an article of Cod-Liver Oil that could be depended upon as *strictly pure and scientifically prepared*, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the *Fishing Stations*, where the fish are brought to land every few hours, and the livers consequently are in great perfection. Its manufacture is personally superintended by our Mr. Caswell, and every gallon made is closely scrutinized. This Oil is confidently recommended to the Trade and Medical Profession as the *Sweetest and Purest* in market.

It is made of fresh selected livers on the sea-coast, and can be retained by



the stomach when other kinds fail, so sweet and pure is it from the great care and skill attending its manufacture.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's oil, and give yours the decided preference."

Prof. Hayes, State Assayer of Mass., after a full analysis of it, says: "It is the best for foreign or domestic use." After years of experimenting, the Medical Profession of Europe and America, who have carefully studied the effects of different Cod Liver Oils, have unanimously decided the *light straw-colored Cod-Liver Oil to be far superior to any of the brown oils.*

The nauseous and offensive character of the usual Cod-Liver Oil in use is extremely prejudicial—more so than none at all; so that an article fresh and pure is indispensable.

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IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & CO. also call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable

Ferro-Phosphorated Elixir of Calisaya Bark,

a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome without any injury to their active tonic principle, and blended into a **BEAUTIFUL AMBER-COLORED CORDIAL**, delicious to the taste and acceptable to the most delicate stomach.

A teaspoonful contains one grain of the Salt of Pyrophosphate of Iron, and a pint of the mixture contains the virtue of one ounce of Royal Calisaya Bark. The Profession are warned against many imitations of the Ferro-Phosphorated Elixir of Calisaya, made from very inferior materials.

Ferro-Phosphorated Elixir of Calisaya Bark, with Strychnia.

This preparation contains one grain of sulphate of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effects.

Ferro-Phosphorated Elixir of Calisaya, with Sub-Carbonate of Bismuth.

This combination has now become exceedingly popular with the first physicians of the country, by whom it is efficiently and successfully used in gastralgia, laborious digestion, acid eructations, nausea, debility, and nervous derangements. Each tablespoonful contains eight grains Ammonio Citrate of Bismuth, four grains Pyrophosphate of Iron and three-quarters grain Quinine in its natural state of combination.

Simple Elixir of Calisaya.

Where an efficient tonic is required, and in cases where iron is contraindicated, our simple Elixir of Calisaya will be found of admirable service. In it the finest variety of Calisaya Bark is combined with aromatics and made into a ruby-colored cordial, which is very pleasant to the taste and friendly to the stomach. One pint of the Elixir contains the virtues of one ounce of the Calisaya.

iodo-FERRATED COD-LIVER OIL.

This combination holds sixteen grains *Iodide of Iron* to the ounce of our pure Cod-Liver Oil ["*Oleum Morrhuae*"] in perfect solution, making a pleasant and beautiful, clear, light-brown combination, free from the unpleasant inkiness of the Iodide of Iron. It possesses not only the nourishing properties of the Cod-Liver Oil, but intensified by the powerful tonic and alterative effects of the Iodide of Iron, thereby assisting the assimilation of the oil by the stomach, and increasing its nutrition, making this invaluable remedy (Cod-Liver Oil) far more efficacious in scrofulous and other diseases indicating its use.

This combination is one long desired by the Profession, and one, when Iron is indicated (as in most cases), the practitioner will find invaluable. One of the advantages of the Iodo-Ferrated over all other combinations of Cod-Liver Oil is, that a much less quantity is sufficient for a dose, as it contains four or five times the amount of Iodine found in the natural oil. Physicians can rely upon this preparation as containing sixteen grains of the *Iodide of Iron* in each ounce of Cod-Liver Oil.

Manufactured solely by CASWELL, HAZARD & CO.

Cod-Liver Oil, with Iodine, Phosphorus and Bromine.

This preparation represents *Phosphorus, Bromine, Iodine and Cod-Liver Oil* in a state of permanent combination. Bound intimately with Caswell, Hazard & Co.'s pure straw-colored Cod-Liver Oil, the Phosphorus and Iodine are carried directly with the oil into the blood and there decomposed.

The following are the proportions and constituents of one pint of our Cod Liver Oil with Iodine, Phosphorus and Bromine: Iodine, 8 grains; Bromine, 1 grain; Phosphorus, 1 grain; Cod-Liver Oil, 1 pint. Manufactured by CASWELL, HAZARD & CO.

JUNIPER TAR SOAP.

This article is highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic sores and diseases of the skin generally. It is manufactured by ourselves from the purest materials, and is extensively and successfully prescribed by the most eminent physicians of New York. Samples of our Preparations furnished free to the Profession on application.

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Feb. 2—eply.2.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, APRIL 20, 1871.

[Vol. VII.—No. 16.]

Original Communications.

SEQUELÆ OF SUNSTROKE.

By SAMUEL G. WEBBER, M.D., Boston.

Most descriptions of sunstroke are confined to the first effects of the attack. The termination being very frequently fatal, the reader is left to suppose that if not fatal the return to health occurs in a short time. The sequelæ are indeed mentioned sometimes, but only casually. This is perhaps not to be wondered at, as the early symptoms are most striking.

There are, however, a certain number of cases wherein the return to health is not speedy, and where the after effects may be very serious. It is not unreasonable that a change in the system, the blood or the nervous centres, which is sufficient to imperil life, should be followed by serious after effects.

I think I have seen as many of this latter class of cases as of the former. Generally, the patient can trace the connection between the over-heating and his symptoms. It would not be strange, however, if sometimes such a connection should not be recognized.

The following cases may serve to show both the slight and the severe after-effects of over-heating or of sunstroke.

CASE I.—P. M., laborer, æt. 36, had enjoyed good health for the previous fifteen years. His habits were somewhat irregular. Monday, August 4th, 1867, while at work on a coal wharf sawing wood, about 11 o'clock, A.M., he felt himself getting weak, and was sweating considerably. He bathed himself and went to work again; after sawing one or two sticks, he staggered back, dizzy, feeling as when becoming intoxicated. The previous day, Sunday, he had taken some beer; but was in good condition on Monday morning. He went home, took some punch and went to bed. On the 5th, he walked to the wharf, but did not feel strong enough to work. On the 6th, however, he went to work and worked for

the rest of the week. On Saturday he was wet by rain, and took four to five glasses of liquor and some beer. He walked home without trouble. After reaching his house, he had headache and vertigo; would allow no one to touch him; lay down in his wet clothes, and slept till 10, A.M., next day. Monday he felt pretty well, and went to work. In the evening, he took two pints of lager, and immediately became dizzy. Tuesday, he felt too weak to work; had headache and vertigo. During two months he kept his bed, except when taken out and put into a chair, supported by pillows. After this his condition varied, being sometimes better and sometimes worse.

When seen in the early part of 1868, he had constant headache over the whole head, but rather more severe over the right temporal region. This was worse when the sun was hot and the weather warm. He did not feel sleepy after exercise; when standing, he felt as though his body and head were moving backwards and forwards; during the afternoon his head was weighty. There was some dyspnoea, some pain in his chest, no cough; since the attack in the summer, he had had some palpitation, which had not been present before; lying on the left side increased the palpitation. There was no anæsthesia and no paralysis; but during his periods of feeling poorly, he was weak; he had had a sense of formication, which passed off. His eyesight was not so good as formerly; and he had had ringing in the ears, which passed off. There was no special trouble felt on making mental exertion, such as giving an account of himself. Sleep was good; pulse 60, full, strong. Tongue slightly coated; bowels required pills to keep them free.

Under iodide of potassium and tonics, he improved. He was seen again during the summer, when he stated that he was getting stronger, but his head was still dizzy, and he did not feel so well as in the spring.

This patient was seen the first time at my office, the second time as an out-patient at the City Hospital. He had between these two times been treated in the out-patient department at the hospital. Pro-

bably the effects of the heat were aggravated by his continuing to work, and by his intemperance. He himself spoke of the bad effects of the liquor, in causing his trouble to take a more serious form. Perhaps had he avoided these two sources of disturbance he would have been no worse than the next patient.

CASE II.—C. A., mechanic. First seen January 26, 1870. In August, 1869, while walking in the street in the hot sun, he was suddenly seized with dizziness, almost lost consciousness, but did not fall down. Remained in house four days, and in bed two days. Ten years before, he fainted once while in the sun, but was well the next day. From August, till I saw him, he suffered from pain in his head; and on being in the sun he became faint and lost his appetite. He received quinine. At date, when seen, he had pain in head, but was troubled more with "nervousness all over head." Had no trouble elsewhere. He did not drink; went to bed between 9½ and 10, and lived pretty well. Tongue flabby and pale. He took cathartic pills, and reduced himself by hypercatharsis. Pulse 84. Syrup iodide of iron was ordered.

He was not seen again until August 23, 1870, when he looked much better. He stated that when he felt strong he could work in the sun, but only for a short time; he had afterwards severe headache and faintness, with loss of breath. When he feels weak, even sitting still in the sun causes these sensations. The headache continues until the next day, but does not prevent sleep. He has managed, however, to work, but has not been comfortable. He complained of constipation, distress after meals, a pressure around chest. On cool days he feels much better, and can even walk in the sun without headache. There was no disturbance of motion or sensation. Had some palpitation on exertion. Heart sounds normal. A tonic and laxative pill, containing rhubarb, nux vomica and iron, was ordered, and bromide of potassium at night, if he did not sleep.

In this patient there was considerable digestive disturbance, which was probably due to the effects of the over-heating.

When seen in August, 1870, he felt more anxious on account of his bowel and stomach disturbance than about the headache.

CASE III.—A. B., had a slight headache in the morning of a hot day. On taking unusual exercise in the sun, his headache increased, and by afternoon became very severe, and was accompanied by nausea. During the evening vomiting occurred.

The next morning there was less severe headache, but a disagreeable, oppressive feeling across the forehead, and a sense of weakness. He kept his bed for several days. For several weeks any mental application or walking in the sun brought on headache, and after exercise in the shade there was exhaustion and sleepiness so that he required sleep, from which he awoke refreshed. As cold weather came on, these sensations nearly passed away, though there were some traces of them for months, and crowded, badly ventilated rooms were particularly unpleasant. The next summer, an exposure to the hot sun was followed by severe headache, which lasted for two days.

In this case, the after effects were comparatively slight, and at no time, after the first attack, was any medical treatment considered necessary.

These cases are sometimes more serious. The following is one of that nature. It is reported in full in this JOURNAL for April 21, 1870, p. 289.

CASE IV.—Patrick F., æt. 45, laborer, entered the City Hospital April 23d, 1869. During the summer of 1868, he had been exposed to the sun, and was obliged to give up work on account of headache. He did not fall nor lose consciousness. He remained in bed a part of the time afterwards, on account of headache and weakness. There was a temporary loss of power in the right leg, which afterwards regained its power. There were abnormal sensations in his left side. When seen there was paralysis of the left side, even of the diaphragm, with hyperæsthesia to pain, and on right side diminished sensation. The sense of touch was diminished on both sides. His dyspnoea increased, and during May he died. No post mortem could be obtained.

The disease of the nervous centres in this case was undoubtedly due to the sunstroke, and nutrition was so seriously interfered with as to abolish this function on one side and lead to death.

The first three cases reported are all similar, and may be considered as representing one class of cases showing the sequelæ of sunstroke. They are characterized by headache, occurring after either mental or bodily exertion, and especially liable to be felt if exercise is taken in the sun or in a heated room. At first, there may be between the attacks of true headache, a feeling of oppression across the forehead as mentioned in Case III., and perhaps it was that which was intended by Case II., in speaking of a "nervousness all over head." There may be, also, after either mental or

bodily exertion, an unusual sense of fatigue, and perhaps an overpowering drowsiness; a few minutes' sleep relieving this. With these sensations, may be found, also, disturbance of one or more of the vital functions, dyspnoea, palpitation, constipation, digestive derangements. It may be that the patient is not aware of ever having been overheated, or he may not see the connection between the trouble for which he seeks relief and a previous slight attack of sunstroke. It is important to decide whether there is any connection between the two, as the prognosis would be influenced thereby.

One peculiarity of these sequelæ of sunstroke is their persistence. The duration of the unpleasant symptoms may be reckoned by months or years, and after remitting during the cold season they may return summer after summer, in diminished intensity, until they finally disappear.

It is difficult to decide what is the pathological change to which these symptoms are due. Many times, probably, there is disturbance of circulation in the nervous centres, but the persistence of the symptoms and the very serious consequences which follow, as in Case IV. and in some other cases where insanity is the final termination, would favor the view that there are nutritive changes, from which recovery is necessarily slow.

The treatment most highly recommended is the iodide of potassium. With this may be combined tonics, especially quinine and iron, where there seems to be any deterioration in the blood. These will not, however, act rapidly, and the patient must always be warned of the tedious nature of his complaint. Time and care in shunning mental or physical over-exertion will be the two most efficient allies towards effecting recovery.

A NEW AND SUCCESSFUL TREATMENT OF PERTUSSIS.

By JOHN J. CALDWELL, M.D., Brooklyn, N. Y.

My treatment of whooping cough may, or may not, be entirely new to the profession, viz., local medication by the Spray Atomizer, such as is made and sold by your townsmen Messrs. Codman & Shurtleff; my favorite medicinal agents being bromide of ammonium and of potassium, together with liquid preparation of belladonna. Believing in Niemeyer's views of the pathology of this disease, "that whooping cough is a catarrh of the respiratory mucous mem-

brane, combined with intense hyperæsthesia of the air passages," I made my medication directly to the parts affected, and the results have been so satisfactory and rapid that I venture to submit the following cases for your JOURNAL:

Cases I. and II. were my little daughters, aged respectively four and two years. They contracted the disease in July, 1869, it being at that time prevalent in our city, and in their cases the malady was decided and distressing. After exhibiting the usual remedies with little or no relief, I resorted to the above treatment, as an experiment. Getting up steam, and placing my little ones upon my knee, in such a position that the spray should play right into the face; as a natural consequence they began crying, and that was just what I expected, and what I most desired, for the deep inspirations would carry the bromides and belladonna home to the local trouble. My formula is as follows:—

R. Ext. belladon. fld. gtt. v. to x.;
Potass. bromid., ℥i.;
Ammon. bromid., ℥ij.;
Aquæ destil., ℥ij.

M. Ft. solutio.

Of this we use a tablespoonful at each application.

July 11th.—Children much better; the intermissions of greater space. Made another application.

14th.—Attacks very mild; scarcely any whoop. Continued treatment.

16th.—Whoop and spasmodic action gone, with a slight cough, which passed away in a few days.

Aug. 24th.—Was called across the street to see my neighbor's children, three in number; found them suffering from same affection. The father informed me that the distress was so great and constant that the children could not rest, and were becoming very weak and emaciated; that their physician did not relieve them, and that, as the weather was so oppressive, he felt fearful for their lives. I administered the spray treatment to them in turn, while they were sitting upon the father's knee, as before mentioned. They called on the following succeeding days, viz., 25th, 26th, 27th and 28th, and on the first of September when I discharged them, cured. Sept. 9th, Mrs. McG. called at the office with her little son, aged 2 years, afflicted in the same manner. After three or four applications, we had similar happy results. Here we may say that when the nights were passed with much disturbance from spasmodic coughing, it is our habit to administer the

same solution by the stomach, in doses suitable for the occasion. In October, 1870, I was called to the family of Mr. S., of Sackett St., where I found his five children suffering severely with whooping cough. I left the atomizer at the house, with a sufficient quantity of the mixture, at the same time instructing the mother (who was a competent, intelligent person) how to administer it. I now and then called to watch progress, and at the expiration of two weeks was pleased to find that the patients, like the others under my care, had speedily and entirely recovered.

I submit the above, Messrs. Editors, as my experience in this distressing affection, and hope that if other gentlemen of the profession are induced to try the *modus operandi*, the result may prove as satisfactory to them as it has to me.

THE ORIGIN OF INFECTIOUS DISEASES.

Extract from an Address "Ueber Lazarette und Baracken. Von R. D. VIRCHOW." Translated from the Berliner Klinische Wochenschrift for March 6, 1871, by R. H. FITZ, M.D.

VIRCHOW, in an address delivered before the Berlin Medical Society, Feb. 8, 1871, thus explains briefly his idea concerning infection.

In speaking of the value of statistics in determining the utility of this or that plan for hospitals, he says, "I have always had a great regard for statistics, but I have never recognized that rough statistics yield practical results, and least of all can I admit that the mere quantity of deaths, without regard to the quality of the cases treated, can yield a safe basis for the answer to the question, whether a hospital may be a good or a bad one. Statistics do not form a science, merely a method, and, as is the case with all methods, the question becomes—has a proper use been made of them?"

The subject assumes another view where one analyzes the quality of the deaths, and seeks the causes upon which they depend. Here, however, we meet immediately with another difficulty, namely, the scientific differences with respect to the view of certain diseased processes, which have rarely been presented in so forcible a manner as of late. In this relation I will call attention to one scientific question only, which has probably occupied the minds of most of you, viz., in what manner does an erysipelas originate?

There are very prominent scientific men who decidedly incline to the idea that every

erysipelas, from the first, depends upon an infection, wherever possible upon a contagion. According to my mind, it would be of advantage for the consideration of these questions, not simply to identify infection and contagion. Should it be proven that erysipelas is contagious, it by no means results that it proceeds at all times from an infection. Even where one finds that every erysipelas is infectious, one has not yet proven that the same was primarily produced by an infection, since an originally simple and local process may have the power to produce various impurities in the body and in this way become infectious.

It is the case with many other processes as with erysipelas, and I would therefore especially warn against complicating the idea of infectious diseases, by supposing at the outset, that every infectious disease, according to its origin and its causes, is necessarily produced through impurities (infection).

In close connection with the subject of infection, is the question concerning the origin of disease from certain small organisms. As a consequent continuation of the direction which investigation has taken of late years, the view has become more precisely formularized, and with a certain justification, that the cause of all infectious diseases is to be sought for in the form of little organisms which are to be found in the body. Were this correct, and if, despite many doubts, the idea prevailed at the present, that every living being is to be deduced immediately from a preceding living existence, that every independent organism descends from a maternal organism, in short, the *generatio æquivoca* excluded, it by no means necessarily follows that every infectious disease is to be derived from the outside.

I am of the view that one goes much too far, even here, and that one, even in those cases where distinct foreign organisms can be proven, very frequently, in judging of the injurious results, confounds the organic existences with the organic materials which are produced by them, which at the same time may arise in like manner independently of them. It is plain that if chemical bodies are generally produced by such organisms, it is by no means proven that these bodies are produced only in this way. They may originate also through other processes which agree in final results with those products generated through certain organisms.

Even in those cases where organic existences are the real actors, we must discriminate between the activity which the living

organism as *such* exercises, and that which *its products* give rise to. In this respect we have a very instructive example in the fermentative processes. No one doubts that these are brought about through certain fungi. When, therefore, such fungi are found upon any part of the body whatever, one becomes strongly inclined to conclude that on this part something of a fermentative character has taken place. Are injurious processes at work, one says that these are produced through the presence of the ferment-fungus.

But no one can believe that the existence of the fungus itself, or its immediate action upon the part, produces the injurious influences; we know rather that the fungi give rise to fermentation, that thereby they bring into existence new chemical products, and that which finally becomes injurious is not the fungus as fungus, but the injurious materials which it produces. These injurious materials do not occur necessarily in the interior of the fungus. The ferment-fungus is not poisonous in the ordinary sense of the word, as other poisonous fungi are. One can eat a large amount of it without harm. It is well known that one has given medicinally large amounts of yeast in diabetes, it was well borne, and we know that no cases of poisoning have resulted from such treatment; the injurious effects are to be ascribed to the products of the fungi, but not to their constituents, nor to the immediate action which they exert upon the tissues of the body.

If one employs a similar method of consideration in the case of the infectious diseases, one will not deny that the mere proof of the existence of this or that organism, even the proof of the constant presence of the same at certain points, in no way suffices to prove that this organism is the immediate cause of the attacks of illness. We have an apt example in the investigations which have been made of late years concerning the diphtheritic processes. One thought to find the injurious agent in a micrococcus, and saw the real means of infection of the body in the passage of the same into the blood. How great was the surprise when these organisms were found in the blood also under conditions where they presented no symptoms. I may call attention to that other curious example which the cholera has presented.

One found here in the intestinal contents large masses of fungi which were immediately regarded as a proof of the organic nature of the cause of cholera.

Some time ago, I called attention to the

fact (Virchow's Archiv, 1869, vol. 47, p. 524), that apparently the same fungus occurs in enormous amounts in acute arsenical poisoning, which presents symptomatically so strong a resemblance to cholera, and where it was probable, *a priori*, that in the examination of the intestine, diagnostic points of difference would be discovered. This observation has been confirmed by Hoffman (Virchow's Archiv, 1870, vol. 50, p. 455).

So little as I contend against the correctness of the tendency of the thought, which forms the basis of later investigations, that the peculiar history of the infectious process leads strongly to the suspicion that certain organic beings form the source of the contamination, still I must say that present experience is still far from furnishing a secure foundation for a general doctrine of infection, and that great prudence is necessary, when it becomes a question concerning the employment of such a doctrine in definite diseased conditions. For my part, the theory of contaminating materials is not yet wholly identical with the theory of the contaminating existences.

As to cases of infection after wounds, in particular, another source of error is near at hand, according to my idea.

The fact that one is considering wounds, *open* passage-ways, easily leads one to push into the foreground, somewhat one-sided, those cases where a contact of the deeper parts with the outer air has undoubtedly occurred, and the importation of impure air might take place without difficulty. On another occasion, as I discussed the puerperal disease in the Obstetrical Society (Verhandl der Berliner Gesellschaft für Geburtshülfe, 1865, XVII. S. 21), I called attention to the point that several cases have been demonstrated where infectious processes which are generally seen in connection with open wounds, e. g., deep-seated gangrenous phlegmona (pseudo-erysipelas), also occur in connection with an *unbroken* surface. So at present, with regard to wounds, I would lay stress upon the fact that when one, free from prejudice, brings together a great number of experiences, and does not confine himself exclusively to wounds, many doubts arise whether really all impurities of wounds are to be attributed to the importation from outside. Let one compare attentively the severe phlegmonous inflammations which arise in connection with an intact surface, and in which the worst results may occur, without the entrance of impure substances through solutions of continuity of the sur-

face. I have observed a series of such cases where the most careful examinations of the skin did not show excoriations even from which we might follow out the contamination.

According to my idea, such a comparison is indispensable in the consideration of the theory of local contamination, for, so long as one observes only the one category, where open wounds are present, so does one deprive himself entirely of the opportunity for correction. One is in due form driven to the view that the contamination has occurred from outside, and, if other sources are wanting, one helps himself only too rapidly with the idea that it must have been the air which, by contact with the surface, has produced the contamination.

Such an explanation is very convenient for diminishing the personal responsibility of the physician in attendance, where a change of locality is impossible. And yet no one, who has had a large hospital experience, can doubt that the care and skill of the physician produce the best results under the same conditions of air and space, under which, in the care of another, gangrene and erysipelas break out.

I have thought myself compelled to present these remarks at the outset, not for the sake of contending against, even of weakening, the views concerning the importance of pure air in the treatment of wounds, but because I wished to show with how many precautionary measures every investigation must be surrounded, which is to draw general conclusions from a limited number of cases, and how very necessary it is to employ the greatest foresight in the answering of the question: Of how much importance are the statistics of death and disease in the judgment concerning the good qualities of the air and space in which such occur?

A CASE OF FAVUS.—Dr. Pick reports, in the *Archiv für Dermatologie und Syphilis*, a case of favus, the only place where the crust was present being on the glans and sulcus coronalis of the penis. On the inner surface of the left thigh, where there was a contact of the scrotum and thigh, there was a ringed herpetic eruption of a parasitic nature. A careful examination of the glans and sulcus coronalis was made, and no trace of hair follicles was discovered—a point of interest, as it is insisted by Bazin and others that the presence of hair-follicles is necessary to the development of favus.—*Medical Record*.

Selected Papers.

VALEDICTORY ADDRESS, DELIVERED TO THE GRADUATING CLASS OF BELLEVUE MEDICAL COLLEGE, MARCH 2, 1871.

By OLIVER WENDELL HOLMES, M.D., Parkman Professor of Anatomy and Physiology in the Medical School of Harvard University.

* * * * You will not wonder that I address myself chiefly to those who are just leaving academic life for the sterner struggle and the larger tasks of matured and instructed manhood. The hour belongs to them; if others find patience to listen, they will kindly remember that, after all, they are but as the spectators at the wedding, and that the priest is thinking less of them than of their friends who are kneeling at the altar. * * *

There is another question which must force itself on the thoughts of many among you: "How am I to obtain patients and to keep their confidence?" You have chosen a laborious calling, and made many sacrifices to fit yourselves for its successful pursuit. You wish to be employed that you may be useful, and that you may receive the reward of your industry. I would take advantage of these most receptive moments to give you some hints which may help you to realize your hopes and expectations. Such is the outline of the familiar talk I shall offer you. * * *

Yet, pause a moment before you infer that your teachers must have been in fault when they furnished you with mental stores not directly convertible to practical purposes, and likely in a few years to lose their place in your memory. All systematic knowledge involves much that is not practical, yet it is the only kind of knowledge which satisfies the mind, and systematic study proves, in the long-run, the easiest way of acquiring and retaining facts which are practical. There are many things which we can afford to forget, which yet it was well to learn. Your mental condition is not the same as if you had never known what you now try in vain to recall. There is a perpetual metempsychosis of thought, and the knowledge of to-day finds a soil in the forgotten facts of yesterday. You cannot see anything in the new season of the guano you placed last year about the roots of your climbing plants, but it is blushing and breathing fragrance in your trellised roses; it has scaled your porch in the bee-haunted honey-suckle; it has found its way

where the ivy is green; it is gone where the woodbine expands its luxuriant foliage.

* * * * *

Your present plethora of acquirements will soon cure itself. Knowledge that is not wanted dies out like the eyes of the fishes of the Mammoth Cave. When you come to handle life and death as your daily business, your memory will of itself bid good-by to such inmates as the well-known foramina of the sphenoid bone and the familiar oxides of methyl-ethyl-amyl-phenyl-ammonium. Be thankful that you have once known them, and remember that even the learned ignorance of a nomenclature is something to have mastered, and may furnish pegs to hang facts upon which would otherwise have strewed the floor of memory in loose disorder.

But your education has, after all, been very largely practical. You have studied medicine and surgery, not chiefly in books, but at the bedside and in the operating amphitheatre. It is the special advantage of large cities that they afford the opportunity of seeing a great deal of disease in a short space of time, and of seeing many cases of the same kind of disease brought together. Let us not be unjust to the claims of the schools remote from the larger centres of population. Who among us has taught better than Nathan Smith, better than Elisha Bartlett? who teaches better than some of our living contemporaries who divide their time between city and country schools? I am afraid we do not always do justice to our country brethren whose merits are less conspicuously exhibited than those of the great city physicians and surgeons, such especially as have charge of large hospitals. There are modest practitioners living in remote rural districts who are gifted by Nature with such sagacity and wisdom, trained so well in what is most essential to the practice of their art, taught so thoroughly by varied experience, forced to such manly self-reliance by their comparative isolation, that, from converse with them alone, from riding with them on their long rounds as they pass from village to village, from talking over cases with them, putting up their prescriptions, watching their expedients, listening to their cautions, marking the event of their predictions, hearing them tell of their mistakes, and now and then glory a little in the detection of another's blunder, a young man would find himself better fitted for his real work than many who have followed long courses of lectures and passed a showy examination. But the young man is ex-

ceptionally fortunate who enjoys the intimacy of such a teacher. And it must be confessed that the great hospitals, infirmaries, and dispensaries of large cities, where men of well-sifted reputations are in constant attendance, are the true centres of medical education. No students, I believe, are more thoroughly aware of this than those who have graduated at this institution. Here, as in all our larger city schools, the greatest pains are taken to teach things as well as names. You have entered into the inheritance of a vast amount of transmitted skill and wisdom, which you have taken, warm, as it were, with the life of your well-schooled instructors. You have not learned all that art has to teach you, but you are safer practitioners to-day than were many of those whose names we hardly mention without a genuflection. I had rather be cared for in a fever by the best-taught among you than by the renowned Fernelius or the illustrious Boerhaave, could they come back to us from that better world where there are no physicians needed, and, if the old adage can be trusted, not many within call. I had rather have one of you exercise his surgical skill upon me than find myself in the hands of a resuscitated Fabricius Hildanus, or even of a wise Ambroise Paré, revisiting earth in the light of the nineteenth century. * * *

A certain amount of natural ability is requisite to make you a good physician, but by no means that disproportionate development of some special faculty which goes by the name of genius. A just balance of the mental powers is a great deal more likely to be useful than any single talent, even were it the power of observation, in excess. For a mere observer is liable to be too fond of facts for their own sake, so that, if he told the real truth, he would confess that he takes more pleasure in a *post-mortem* examination which shows him what was the matter with a patient, than in a case which insists on getting well and leaving him in the dark as to its nature. Far more likely to interfere with the sound practical balance of the mind is that speculative, theoretical tendency which has made so many men noted in their day, whose fame has passed away with their dissolving theories. * * *

I warn you against all ambitious aspirations outside of your profession. Medicine is the most difficult of sciences and the most laborious of arts. It will task all your powers of body and mind if you are faithful to it. Do not dabble in the muddy sewer of politics, nor linger by the enchant-

ed streams of literature, nor dig in far-off fields for the hidden waters of alien sciences. The great practitioners are generally those who concentrate all their powers on their business. If there are here and there brilliant exceptions, it is only in virtue of extraordinary gifts, and industry to which very few are equal. * * *

The public is a very incompetent judge of your skill and knowledge, but it gives its confidence most readily to those who stand well with their professional brethren, whom they call upon when they themselves or their families are sick, whom they choose to honorable offices, whose writings and teachings they hold in esteem. A man may be much valued by the profession and yet have defects which prevent his becoming a favorite practitioner, but no popularity can be depended upon as permanent which is not sanctioned by the judgment of professional experts, and with these you will always stand on your substantial merits. * * *

If there happened to be among my audience any person who wished to know on what principles the patient should choose his physician, I should give him these few precepts to think over:

Choose a man who is personally agreeable; for a daily visit from an intelligent, amiable, pleasant, sympathetic person will cost you no more than one from a sloven or a boor, and his presence will do more for you than any prescription the other will order.

Let him be a man of recognized good sense in other matters, and the chance is that he will be sensible as a practitioner.

Let him be a man who stands well with his professional brethren, whom they approve as honest, able, courteous.

Let him be one whose patients are willing to die in his hands, not one whom they go to for trifles and leave as soon as they are in danger, and who can say, therefore, that he never loses a patient.

DR. STIEMER says:—The muriate of quinine acts as surely and quickly in small-pox as in intermittent fever, and makes vaccination useless. In the stage of eruption three grains are to be given every two hours; the fever and even the pustules disappear slowly from the tenth to the twelfth hour. At a later stage restoration needs from three to five days.—*Indiana Journal of Medicine*, from *Berlin Allgem. Centr. Zeitung*.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

F. B. GREENOUGH, M.D., SECRETARY.

FEB. 12th, 1871.—*General Tubercular Deposit on the Peritoneal Surface*.—Dr. J. B. S. JACKSON, who saw the patient a few days before death, reported the case as showing tubercular disease of the intestine, that probably preceded that of the lung. The patient was a young mechanic, who had for some months gradually failed in health, without any acute symptoms. He had some slight diarrhoea, but hardly any cough. Dr. Jackson found some slight dulness between the left scapula and spine, but the respiration was normal. At the autopsy, the intestines were found matted together, and beneath the peritoneal surface curdy, opaque masses were seen. There were some old pleural adhesions, where dulness had been noticed, and three or four tubercles.

Dr. D. H. STORER reported a case of pregnancy where intense pain had been felt for a few weeks preceding labor, as follows:—

At a recent meeting of the Society a case was reported of adherent placenta. During the discussion elicited by the relation of the case, in answer to a question asked, I remarked that it was impossible to diagnose the condition previous to the birth of the child; that although it might, and undoubtedly did follow in some instances a direct injury to the abdomen, it not unfrequently occurred where no such injury was known to have been received; that occasionally persistent pains were complained of in some portion of the uterus during pregnancy, sometimes quite distressing and long continued, which would seem to be accounted for should the placenta be found to have been adherent; while in other cases this same symptom may be present, and yet no unusual fixedness of the placenta exist. A case strikingly illustrative of this latter remark has just fallen under my observation.

A lady, the mother of five children, and whose previous labors had been perfectly natural, complained, in the eighth month of her pregnancy, of a fixed, circumscribed, severe, sometimes intense pain in the right hypochondrium; during the week previous to her confinement, her suffering was so great that she repeatedly took chlorodyne several times in the course of a day to make

these pains bearable, and I doubted at one time whether it was not my duty to induce premature delivery. What was the cause of this distress? Had the suffering extended over a large portion of the abdomen, I should have concluded that it was produced by the pressure of the gravid uterus, and should have hoped to have relieved this pressure by hastening delivery; but the pain was confined to a small spot, not larger, as the patient expressed it, than the size of her hand. Uncertain, therefore, as to the real cause of the trouble, I carefully watched my patient until the completion of her pregnancy. Her accouchement was rather tedious compared with her previous confinements, but presented nothing unnatural.

The lady is rather small; her child weighed nine pounds, the placenta two pounds, and the quantity of liquor amnii was considerably larger than is common with so heavy a child.

After the delivery, the nurse, a woman of considerable experience, called my attention to the legs of the infant, which presented an unusual appearance: instead of being partially flexed, they were extended to their utmost limit; they could only be bended by considerable effort, and resumed their extended position the instant the force was relaxed. This disposition to unnatural extension continued for several days.

It has occurred to my mind that the suffering in this case may have been produced by the pressure of the feet of the child.

FEB. 12th.—*Cardiac Disease; Embolism of Pulmonary Arteries.*—Dr. ELLIS reported the case and showed the specimen.

S. C. S., æt. 35, farmer, entered the Massachusetts General Hospital Nov. 2d, 1870. Previous health good, with exception of three attacks of rheumatic fever in boyhood, and four months' confinement in bed from gun-shot wound in left hypochondriac region. Since the war has been working hard as a farmer, occasionally losing a week or two from pain and swelling in the joints. In August, 1870, while working, noticed pain in left hip, with pain and swelling in left leg below knee. The right leg and arms were soon similarly affected. Confined to bed about seven weeks, with fever and painful joints. Has been up and dressed most of the time since, but, as he says, "growing worse all the time"; i. e., has been suffering increasingly from dyspnœa and sharp pains in region of liver. In the latter part of October, 1870, noticed a "hardness" in right hypochondrium and epigastrium. During the last two weeks before entrance to

hospital, dyspnœa frequently amounted to orthopnœa. Never had palpitation. Had no hæmorrhoids, and never passed blood from mouth or anus.

At time of entrance, patient's appetite was good, digestion fair and bowels regular. Had a hard, dry cough, with scanty mucous sputa, and sharp and almost constant pain in region of transverse colon. Pulse 100, hard and full. Resp. 24. Dyspnœa on slight exertion; occasional orthopnœa at night. Tongue moist, with slight white coat. The arteries of the neck pulsated more strongly than usual, and the veins were enlarged. Impulse of heart was heavy in character, felt over a wider space than usual, and visible in the epigastrium. Cardiac dulness extended from the second rib downwards, and laterally from a line two or three inches from centre of sternum far beyond left nipple. The lower edge of liver was felt on a level with umbilicus. Chest resonant beyond cardiac dulness, but less so towards base. Respiration puerile in all the resonant portion, but mingled with subcrepitant râles towards base behind; feeble over the dull cardiac region. Between the second and third cartilages, near the sternum, a systolic and diastolic souffle were heard, of about equal duration and intensity, nearly or quite disappearing between this point and apex, again increasing towards the latter, though the diastolic murmur continued indistinct, and was replaced by the second sound of the heart, which was distinct from apex to second rib. Left radial pulse fuller and much stronger than right. From this time until death he continued to suffer much from cough, dyspnœa, and œdema of lower extremities. The lower edge of the liver became very indistinct, or was not felt, though the resistance to pressure in that part of the abdomen showed that it was still enlarged, and a few days before death the organ was found to occupy the same position as at first.

Only temporary relief from the dropsy was obtained by the use of diuretics and cathartics. The dyspnœa increased, and on Jan. 28th there was flatness or dulness of right side of chest below a line drawn through the middle of the scapula. Subcrepitant râles were heard in other parts of chest. He died on Jan. 29th, quietly, and without any striking symptom.

Autopsy, by Dr. R. H. FRRZ, 36 hours after death, Jan. 30, 1871.

Rigor mortis still existing, though slight in degree. Abdomen slightly distended, legs œdematous. A bulla, the size of a bean, on back of left foot. Both feet, es-

pecially on dorsum, from toes to instep, reddish discolored.

An old cicatrix, one-half inch in length, in left hypochondrium, just below costal cartilage on a line from left nipple to middle of Poupart's ligament. A slight circumscribed swelling exists about this, apparently due to the pressure of fluid.

On the right thigh, two inches below Poupart's ligament, towards inner aspect of thigh, an irregular cicatrix, size of a ten-cent piece. On arms and dependent portion of thorax and abdomen, also in vicinity of inguinal cicatrix, the skin presents numerous small elevations, two lines or more in diameter, resembling in appearance cicatricial tissue; after pressure upon these, the surface became flattened, the elevation apparently due to oedema in the diseased part.

A discoloration, resembling that produced by nitrate of silver internally, was seen on left supra-pubic region.

Head not examined. Pericardium universally adherent by red, firm adhesions. There was no trace of a pericardial sac. Heart very much dilated, somewhat hypertrophied; weight, two pounds seven ounces; muscular structure somewhat pale, sufficiently firm.

Tricuspid valve somewhat thickened in parts. Orifice readily admits three fingers. Pulmonary valves apparently normal. Mitral valve much contracted and thickened, admitting only the fore-finger; the tendons contracted and thickened.

The aortic valves were almost wholly covered and replaced by an irregular mass of old vegetations, firm and dense, projecting into the lumen of the vessel for one or two lines. No recent ante-mortem coagula found upon any of these vegetations.

Left auricular appendix contained aglobular thrombus, softened in the centre, so that a complete cavity was formed, large enough to contain a gooseberry. The walls of the auricle were quite smooth, opaque and firm.

In left ventricle was a large mass of recent coagulated blood, darkly colored and friable.

In right auricle a similar globular thrombus was found in the appendix, as in the left side, while between the trabeculæ were red, friable, decolorized thrombi.

In right pleural cavity were three pints of a yellow, slightly opaque fluid, containing a trifling amount of coagulated fibrin. The lung free from adhesions, except at the inner aspect, where several adhesions to the pericardium had taken place.

The left pleural cavity contained but little fluid; several old adhesions at apex, and many at base, anterior and lateral portions.

Right lung somewhat compressed. On the anterior border were seen dark blue nodules, of the size of filberts, a dozen in number, at times in close proximity to one another, and again at some distance apart. These were quite dense. On compression of the lung, similar nodules could be felt. On section, these nodules were found somewhat rough, relatively free from moisture, clearly defined, and apparently represented three or four lobules.

One of these nodules was of the size of a walnut, and had a distinct yellowish-white border, slightly elevated, a line in thickness; to the outside of this the lung tissue was reddened and infiltrated. The pleural surface showed a similar line of demarcation, the membrane being smooth and shining, except in the immediate vicinity of the line spoken of where it was thickened, reddened, and somewhat roughened.

A fortunate section enabled me to see the branch of the pulmonary artery running into the nodule. It was of the size of a watch-key shaft, and bifurcated just as it entered the nodule, and was filled by a decolorized, firm, adherent embolus, an inch in length. Similar emboli, with secondary thrombosis, were found in vessels of the pulmonary artery leading to other nodules (specimen in Warren Anatomical Museum), and one embolus, half an inch in length, was found obstructing, though not completely, a vessel three lines in diameter.

At the apex of the left lung, a cicatricial depression was found, beneath which was a dense, reddish-yellow mass, the size of a pea, which was surrounded by a layer of dense fibrous tissue. Recent infarcts were also found in this lung. Both lungs were quite firm and homogeneous, of an iron-rust color. On pressure, a yellowish fluid, containing but little air, exuded from the alveoli, and a reddish-yellow fluid filled with air-bubbles from the bronchi.

The abdominal cavity contained twenty-four ounces of a yellow, slightly turbid, serum, no evidences of recent inflammation.

The liver was depressed to such an extent that the lower edge was only an inch above the umbilicus.

The spleen, somewhat enlarged, was adherent, just below the middle of the anterior edge, to the inner aspect of the abdominal cicatrix previously spoken of. On separating the adhesion, a dense mass of contracted cicatricial tissue was seen an inch in length.

This was at the base of a depression one-half inch in depth; the spleen at this part was puckered, and the anterior edge rotated inwards towards the stomach. At the superior border of the spleen a smaller superficial scar was seen. At the base of the organ, a large, elevated nodule, the size of a horse-chestnut, over which the capsule was thickened and reddened.

On section this nodule was found to be of a yellowish-white homogeneous appearance, very dense and sharply defined by the relatively healthy part of the organ. In other parts of the spleen were small nodules, the size of currants, some wedge-shaped, with a similar yellowish-white appearance. The entire organ was quite dense.

The kidneys were increased in size, firm. The capsule was detached with ease, the cortical portion somewhat enlarged, gray and opaque; the convoluted tubules not clearly defined, the Malpighian corpuscles not to be recognized.

Iodine produced a reddish-brown discoloration of these glomeruli, and the microscope showed the epithelium of the tubules to be finely granular; in many parts, especially in the medullary portion, fatty. The testis of the left side was found lying just outside the external ring, and not larger than a filbert. The epididymis was of normal size, the glandular structure apparently healthy. A slight varicocele existed in this side.

The right testis not enlarged, apparently healthy.

Liver weighed four pounds fourteen ounces. Infiltrated with fat, and presenting the nutmeg appearance. Capsule smooth and shining, apparently no interstitial change.

Intestines and mesenteric glands apparently healthy.

DR. WEY, at a meeting of the Chemung County, New York, Medical Society, read a case of backward dislocation of the os lunare, in a boy 13 years old, produced by being thrown or jerked violently against a stationary desk in school, and striking against the back of the hand, which was bent forcibly towards the palmar surface of the arm. Reduction was effected by extension of the hand and pressure upon the displaced bone. The great rarity of the case led to its being reported.—*Medical and Surgical Reporter*.

Medical and Surgical Journal.

BOSTON: THURSDAY, APRIL 20, 1871.

PURCHASE OF HONORARY DEGREES.

IN the numbers of the JOURNAL for September 22 and October 20, 1870, we exposed and denounced the tricks of dishonest persons to obtain money by the manufacture and sale of medical and other honorary degrees. Our cotemporary, the *Philadelphia Press*, has recently been investigating the subject, and has reached some very pointed results.

We are not unmindful of the fact that certain men would purchase, for the sake of display in their offices, the degrees which their own attainments never would allow them to possess. That honest men may not be misled, as others have been, by the specious bait, we make extracts from a recent number of the *Press*.—

"First, let us explain that at 514 Pine street there is an institution, or what purports to be one, calling itself the American University of Philadelphia. The parties who represent or claim to be this institution, possess, we believe, a regular charter giving them the right to confer degrees. That instead of conferring them for merit or honor they make a traffic of their franchise is, we think, clearly proven by the correspondence which we proceed to give."

The bait is taken by an English rector—more credulous than we could suppose it possible for man to be—who writes to Dr. Charles J. Stillé, asking for information. The writer had evidently confounded the University of Pennsylvania with the enterprise at No. 514 Pine Street.

"——, ENGLAND, Jan. 23, 1871.

"DEAR SIR,—I received this to-day, and as I imagine there is some mistake, if not something more serious, I send it to you, and will explain to you its history: Six weeks ago I received from a gentleman in London the offer of an M.A., LL.D., or D.D degree, which he said he was accredited by the University of Philadelphia to confer, and that he had an arrangement with the dean, Dr. Buchanan, to that effect. He also said the Hon. J. Fest was the president, and the Hon. Conrad Clothier the Secretary of the University. A similar

offer was made to me three years ago, when, having suspicions on the subject, I wrote to two leading clergymen at New York and Brooklyn, and found that no such university existed as that from which the degrees offered professed to have come. Last week I met a clergyman in London who had just arrived from Philadelphia, and he told me Mr. Stillé was President of the University of Philadelphia and there was no such person as Dr. Buchanan as dean. Hence my perplexity on receiving this to-day in which I find a Dr. Buchanan physician to the University Hospital. I am a well-known clergyman and author, and I sent to Dr. Buchanan, as dean, a copy of a volume of sermons, and also one in Malayaline, the language of Travancore, in which I was a missionary of the Church of England seven years. I also enclosed testimonials from our bishop and two eminent clergymen, Mr. Venu and Mr. Childs, and the principal of the Church Missionary College, London.

"I write this, dear sir, in the interest of truth and learning, as I cannot understand how such a respectable university as that of Philadelphia should thus issue degrees through an agent in London. I wrote to Dr. Buchanan a month ago, as dean of the university, and this is the reply. I should appreciate an LL.D. or D.D. direct from such a university, but this system of agency is most discreditable, and for the honor of both our countries should be stopped. I am, dear sir, yours truly,

"P. S.—My object in writing to Dr. B. was to ascertain whether the gentleman in London really was accredited by the university, which he does not notice in his reply; and I also said, supposing him to be dean, that I should greatly prefer a degree direct from the university, and that I did not wish my name to be mentioned if he took any notice of what I communicated, as, being well known as a writer for the *Church of England* and other magazines, it might bring me into unpleasant collision with the party who wrote to me and with others. Hence, the doctor's promise to do the matter quietly. I have reason for suspicion, and I can assure you on my personal knowledge that there is no guarantee for either learning or respectability in the cases of those to whom agents grant degrees. It is simply a matter of money. Let me also beg of you not to mention my name if you take any notice of this." * * *

"The mode of operations in this business, as far as the foreign field is concerned, is revealed by the following advertisement,

and letter, which have been forwarded for publication :

[From the *Ecclesiastical Gazette* of Feb. 14, 1871.]

"Clergymen and other gentlemen qualified by educational attainments and social status, can obtain promotion in absentia to learned degrees in divinity, laws, arts, music, medicine, and other recognized orders. Strictest confidence assured. Address 'M. A.,' 3 Claverton street, Belgavia." * * *

"REGENT STREET, LONDON, Oct. 5, 1870.

"DEAR AND REV. SIR,—The degrees you can obtain through my instrumentality from some of the established German Universities, with which I am in connection, as Göttingen, or Leipzig, or Rostock, &c., are either the M.A. and Ph.D., or the D.D. The requisites for the former two, which are always granted together by the same diploma, are :

"1. A Latin petition.

"2. A Latin 'vitæ curriculum.'

"3. Unexceptionable certificates, and

"4. A learned dissertation of not less than thirty-two pages foolscap, full size, on any subject of literature or philosophy, or science, &c. &c. It must be original work, which contains something new, and is good enough to be printed.

"The total expense, my fee, the postages, &c., but not the printing costs for the dissertation, inclusive, is £25.

"The requisites for the D.D. are the same, except that the dissertation, which need not be printed, must be written on a subject of theology, and that the aspirant must give the required evidence by his certificates, that he is a deacon and priest and holds a good position in the Established Church of England.

"The total expense for this degree, my fee, the postages, &c., inclusive, is £40.

"You can further obtain the A.B., A.M., D.D., LL.D., &c., from the *American University of Philadelphia, in the United States, of which I am the accredited agent in this country.*

"That university granting its degrees as honorary degrees on my recommendation, I shall with pleasure give you the latter if you will kindly send me a formal application for the degree you are desirous of obtaining, and the necessary evidence that you are a clergyman.

"The total expense, my fee, &c., inclusive, for the B.A. and M.A. is £21, and for the LL.D. and D.D. £26.

"I shall be happy to give you further particulars, and remain, yours truly,

"The last letter is an exceedingly clever contrivance. Who would labor 'first, on a Latin petition; second, a Latin vitæ curriculum; third, on a hunt for unexceptional certificates; and fourth, a learned dissertation of thirty-two pages or more of foolscap,' with its searchingly minute requisites, for £25, when, though as ignorant as an ass, he could procure the same degrees for £21."

Anxious to see the ingenious author of this novel piece of sophistry, the reporter of the *Press* has interviewed the Dean and the Honorable Faculty. Speaking of the Dean, he says:—

"We found him at first suspicious, but swallowing at a gulp our carefully prepared bait he became confidential—very. We informed him that we had called for the purpose of purchasing a degree; that our business engagement was so pressing that we could not find time to attend lectures. Carefully closing the door of his office, he told us that the "university" could confer the degree of M.D. without the usual preparatory course of lectures. We inquired the price. 'It is customary,' he said, 'for us to furnish the degree, and the gentleman gives us what he thinks proper.' Insisting, as a business man, upon a positive price, the 'Dean' named \$40 as the price at which the coveted sheepskin could be procured. 'But the law is very strict in these matters,' said he, 'and the transaction must be perfectly confidential.' Charmed with his manner, how otherwise could we do than give the required promise as we left?"

On another occasion, he visited the museum of the establishment:—

"Nearly one-half of the sides of the room are decorated with representations of certain organs of the male and female which are not so displayed in number or character in the museum of any regular and respectable medical institution in the country. In the centre of the room are three glass cases, in each of which is a life-size nude wax figure—two males and one female—perfectly true to nature in every particular, in lascivious attitudes. The whole character of this exhibition is shamefully immodest and impure; repulsively so. But this show-room is not for instruction in science, but to attract lecherous, inquisitive youth or decrepid manhood. We repeat that no such exhibition would be tolerated in any respectable medical college in the country."

We have no room for more extracts, and

are even obliged to spare our own comments, but leave our readers to draw their own conclusions regarding the *honorary* degrees conferred by the institution in Pine Street.

FOUL MEAT.

It will be remembered that the State Board of Health in their first annual report made known the foul condition of the Brighton slaughter houses, and that the Consulting Physicians of the City of Boston subsequently pointed out the fact that unsound meat was freely sold.

A confirmation of these statements, appearing in a form to arrest public attention, has been published in the daily papers of the present week. A man died from blood-poisoning, received through an abrasion on the face, after skinning and dressing an ox which had died from disease before being brought to the slaughter house. The witnesses at the inquest swore that the meat of this ox was sold in Boston market last Tuesday, and that similar meat was constantly sold. One butcher had a dray made for the purpose of hauling such dead animals from the cars to his slaughter house.

The remedy for these abominations may be found in the construction of an abattoir, as recommended by the State Board of Health, and authorized by the Legislature of 1870. Up to the present time the Brighton butchers have opposed this project.

EXTRAORDINARY INSTANCE OF FEMALE ENDURANCE.—The following case is reported in the New York *Medical Record* by J. G. Sewall, M.D., of New York city:—

It is reported of Indian women that when on the march they give birth to a child, no delay is occasioned, but taking up their newly born they resume their travels as if nothing had happened.

The following narrative, which I had from the lips of the actor herself, and whose authenticity I have no reason for doubting in any of its particulars, goes far to show that civilization now and then outmatches any vigor of barbarism.

Mrs. M., born in Germany, was married at the age of 14 years and 4 months. About a year afterwards, when seven months pregnant, one October day she visited, with a young friend, Greenwood Cemetery. A fu-

neral procession passing along its avenues attracted their attention, and they followed it till it halted at a tomb. They saw the coffin borne within its gloom, and watched the departing cortège. The iron door of the vault, through some oversight, was left ajar. Curiosity led the loiterers to open it, when Mrs. M. entered the narrow passage. She made her way to the new coffin, and, while viewing it, heard the door shut with a sudden spring, leaving her in total darkness. This was about half-past 2, P.M. It being necessary to go to Jersey City, where the funeral party belonged, for the key, it was not till 7, P.M., that she was liberated. In the dreadful interval her baby was born, the mother tearing asunder the cord. Wrapping the infant, which was alive, in a shawl, after finding she could not ride in the cars from their painful jar, she walked with her friend very slowly to the South Ferry—a distance of about two and a half miles—carrying the child, in her anxiety, the most of the way, herself, and crossing it made her way, on foot, at least a mile farther, to her home at No. 211 Elm St. Thence laying down the babe, she crossed the street to the opposite corner, her husband being in the country, aroused her midwife, and did not get fairly to bed till 1 o'clock, A.M. The next morning, contrary to advice, she walked to Grand St., three blocks off, for baby linen, and returned. Four days subsequently, she was washing clothes at the hydrant in the yard. The child is now a large, healthy, blooming girl of ten years, within which time her mother has given birth to three or four other children, besides having had two miscarriages, and is now strong, robust, and still young-looking. She reports a grandmother still living in Germany at the age of 112 years, who is the mother of twenty-two children.

CASE OF VISCERAL SYPHILIS.—Dr. Laure reports the following case of *visceral syphilis*. A laborer, fifty-one years of age, who had never suffered from intermittent fever, was ill for fourteen days, eight years previous, with an affection of the liver, which was characterized by pain, icterus, and ascites; and although he completely recovered, was wont to have pain in the right hypochondrium after severe labor or excess in drinking, to which he was addicted. Whether he had had syphilis could not be discovered. For the last month the following symptoms have been present: pain upon pressure in the region of the liver, disordered digestion, loss of appetite,

vomiting of food and mucus, constipation, sallow countenance, contracted liver, ascites, and emaciation. An appropriate treatment caused some improvement, and the ascites disappeared. Later osteo-cephalic pains came on, which revealed the nature of the disease, and on further examination five or six bony prominences, the size of a nut, were found upon the head. Under a mixed anti-syphilitic treatment these disappeared in five weeks, leaving in their stead appreciable depressions. With the exception of repeated attacks of epistaxis and a slight bronchitis, the patient complained of nothing in particular, and felt on the whole a great deal better; when poor assimilation and nourishment again came on with a renewal of the vomiting, and, eight days before death, considerable ascites.—Autopsy: Depressions upon the upper portion of the frontal bone, and on both sides of the sagittal suture. At the periphery of these depressions the bone substance was thinned, while at their centres it was entirely wanting, being replaced by a fibrous membrane closely adherent to the dura mater. The arachnoid and pia mater were throughout their whole extent thickened, adherent the one to the other, non-translucent, much congested and traversed by newly-formed vessels. Brain substance normal; slight tubercular deposit in the apices of the lungs; sanguineous effusion in both pleural sacs, with a recent pseudo-membrane; the heart small, with fatty degeneration of its muscles; three or four litres of clear serum in the peritoneal sac, a milky thickening of the mesentery, stomach small, with slight ecchymoses upon its internal surface, kidneys congested, spleen and pancreas normal, liver contracted, Glisson's capsule much thickened, the whole organ enveloped in a cartilaginous easily-detachable covering, and upon the inferior surface of the liver two or three stellate cicatrices or depressions half a centim. in thickness, composed of newly-formed connective tissue. The lobular substance of the organ pale, atrophied and compressed by the prolific interstitial connective tissue. The capsule seemed of an older date, as it showed a more developed organization (elongated fibres with nuclei), while the neoplastic interstitial tissue revealed at various points a different nature, some sections showing a true cell-tissue (embryonic cell-tissue), others veritable fibres with nuclei in part already undergoing fatty degeneration; the liver-cells wrinkled with pigment granules, and in the interior of the organ three masses, each the size of a nut, containing

a greenish, purulent fluid.—*Archiv für Dermatologie und Syphilis*, 1870.

ENLARGEMENT OF THE UTERUS.—Dr. Atthill, of Dublin, is of the opinion that the following, apart from the existence of pregnancy, are the causes to which most frequently enlargement of the uterus is due, namely to—

1st. Sub-involution of the uterus after pregnancy or abortion.

2d. Congestion of the uterus from sudden suppression or retardation of menstruation.

3d. Acute inflammation of the uterus, or its peritoneal covering.

4th. Chronic inflammation of the uterus.

5th. Hypertrophy of the uterus.

6th. The stimulus given to the uterus by the presence in its walls of fibrous tumors.

7th. The existence of any form of intra-uterine tumors.

With respect to sub-involution, it is very frequently met with, being a condition specially likely to occur in cases in which any form of pelvic inflammation follows delivery. It may also occur after abortion. The earliest symptom of sub-involution, and the most common is, undoubtedly, menorrhagia, a symptom nearly invariably present. Dr. Atthill, however, has seen a case of sub-involution of the uterus in which amenorrhœa existed. The uterus in this case was very large, the sound penetrating to the depth of five inches. This patient was perfectly cured, the treatment adopted being the introduction up to the fundus of the uterus of eight grains of the solid nitrate of silver, which, dissolving, stimulated the whole of the inner surface of the uterus, and caused healthy interstitial absorption to be set up. Dr. Atthill advocates this plan of treatment in cases of enlargement of the uterus depending on sub-involution.

Of all the cases of enlargement of the uterus, simple hypertrophy of the muscular tissue of the uterus is that giving rise to the greatest amount of distress, and the form least capable of being benefited by treatment; in it menstruation occasionally becomes painful, sometimes scanty, but seldom, if ever, increased in quantity.—*The (London) Doctor*.

HEREDITARY SYPHILIS (ORDMANNSON: *Nord. Archiv*, i. 4. p. 73. Prof. SCHUPPEL: *Archiv f. Heilkunde* vol. xi., I Heft).—In five out of nine cases of hereditary syphilis the cord and placenta were affected to such a

degree that death could be directly attributed to these alterations. This process consists of an atheromatous degeneration of the cord, with thickening of the intima, which may become converted into a calcareous shell, loosely connected with the subjacent parts. In most cases there existed placentitis interstitialis, which sometimes embraces half this organ, which is found thickened and converted into a hard, firm, almost cicatricial tissue. The umbilical veins are contracted, while the arteries are narrowed in calibre, and sometimes entirely occluded by organized thrombi.

Prof. Schuppel describes, under the name of pylephlebitis syphilitica, the following manifestation of congenital syphilis. The liver is enlarged, and in the soft, relaxed parenchyma of the organ, hard, nodular masses and cords can be felt, which on section are found to follow the course of the portal vein. The lumina of the vessels are greatly narrowed by a growth having its seat in their walls, the central layer of which is of a grayish-yellow color, opaque and dry, while the external broader layers are of a pale gray color, soft, and somewhat transparent, and gradually and imperceptibly pass into the tissue of the liver. This growth corresponds microscopically with the gummata syphilitica of the adult, consisting of numerous lymphoid cells, which are well preserved in the peripheral layers, while towards the centre they are converted into a finely granular detritus mixed with fatty molecules. The groundwork of the growth consists of an imperfectly fibrillated connective tissue, in which here and there cheesy deposits and pigmentary masses are found. An infiltration of lymphoid cells takes place in the substance of the liver itself.—*Philadelphia Med. Times*.

PARASITIC FUNGI IN THE HUMAN EAR.—In the *Bulletin de la Société Impériale des Naturalistes de Moscou* for 1870, No. 1, just received, is a paper by Dr. Karsten on the parasitic fungi found in the human ear. The author confirms the statements of Halier and other previous observers, that when the spores of these parasitic fungi are sown elsewhere, the plants which result from them assume very different forms, according as the substance on which they are sown is rich or poor in material for nutrition; and that fungi described as distinct species, or even as belonging to different genera, are merely different genetic forms of the same plant.—*American Naturalist*.

Medical Miscellany.

SUFFOLK DISTRICT MEDICAL SOCIETY.—At a meeting of the Society, held April 5th, the following officers were elected for the ensuing year:—*President*, G. H. Lyman. *Vice-President*, F. Minot. *Secretary*, D. H. Hayden. *Treasurer*, A. B. Hall. *Librarian*, B. J. Jeffries. *Commissioner on Trials*, George Derby. *Committee of Supervision*, Samuel A. Green, George H. Gay. *Committee on Social Meetings*, J. N. Borland, H. I. Bowditch, Calvin Stevens, F. H. Brown, F. B. Greenough. *Councillors*, S. L. Abbot, J. Ayer, H. J. Bigelow, H. I. Bowditch, B. Brown, C. E. Buckingham, S. Cabot, H. G. Clark, P. M. Crane, C. Ellis, J. Flint, J. B. Forsyth, G. H. Gay, A. B. Hall, G. Hayward, R. M. Hodges, C. D. Homans, Wm. Ingalls, J. B. S. Jackson, G. S. Jones, J. S. Jones, G. H. Lyman, F. Minot, W. W. Morland, S. Morrill, E. Palmer, C. G. Putnam, Wm. Reed, J. P. Reynolds, G. C. Shattuck, D. H. Storer, D. McB. Thaxter, C. E. Ware, H. W. Williams. *Censors*, A. D. Sinclair, B. J. Jeffries, Hall Curtis, H. F. Damon, J. Homans.

AMERICAN MEDICAL ASSOCIATION.—We are authorized to say that tickets may be obtained, by personal application or by letter, enclosing remittance, of P. K. Randall, 69 Washington street, Boston, by gentlemen and their families desiring to attend the convention. *No certificate of membership necessary.* Route, via Boston and Albany, New York Central, Great Western, Michigan Central, and Chicago and Burlington Railroads. Pullman Palace cars from Rochester to Omaha without change. Through trains from Boston at 5 and 8.30, A.M., and 3 P.M. Any further information may be obtained from Mr. Randall, as above.

BOSTON DISPENSARY—Dr. Henry Tuck has been appointed one of the physicians at the Central Office of this Institution.

PROF. KUHNÉ, of Amsterdam, has been called to Heidelberg as Professor of Physiology, in place of Helmholtz, who has been transferred to Berlin.

TESTS FOR BLOOD STAINS.—W. J. Gunning has discovered that acetate of zinc will completely precipitate the coloring matter of blood from solutions. The flocculent precipitate must be washed by decantation, left to evaporate and dry on a watch glass, and if blood was present the microscope will reveal delicate and beautiful hæmin crystals. The test has been tried by different persons and always with entire success. The blood stains can be dissolved in a variety of agents; for example, ether, oxalic acid, alcohol, gallic acid and potash, and the acetate of zinc produces precipitates even in extremely dilute solutions, as, for example, when a person has washed his bloody hands in a pail of water, and the solution is perfectly colorless.—*Journal of Applied Chemistry.*

SWALLOWING A SCREW.—A boy, two and a half years of age, swallowed a screw an inch and a

half long. He was soon seized with insensibility, and shortly died. On a post-mortem examination the screw was "found in the throat."

TO CORRESPONDENTS.—Communications accepted:—Annual Address delivered before the Norfolk District Medical Society.—Vienna Medical Education.—Monomania, with an Illustrative Case.—Obstetrics in Vienna.

BOOKS AND PAMPHLETS RECEIVED.—The Wasting Diseases of Infants and Children. By Eustace Smith, M.D. London, Member of the Royal College of Physicians, &c. Second American, from the Second revised and enlarged English Edition. Philadelphia: Henry C. Lea. Pp. 266.—Fourteenth Annual Report upon the Births, Marriages and Deaths in the City of Providence, R. I., for the year 1868. By Edwin M. Snow, M.D. Pp. 52.—Historical Account of the Little Sisters of the Poor. Sold for the Benefit of the House of the Little Sisters. Boston: Patrick Donahoe. Pp. 60.—Report of a Special Committee of the Medical Society of the District of Columbia, upon the Claims of Homœopaths and other Irregular Practitioners for Professional Recognition in the Medical Service of the United States Government, and the Charges brought by the Homœopaths against the United States Commissioner of Army and Navy Pensions. Published by Resolution of the Society. Pp. 8.—Seventeenth Report upon the Registration of Births, Marriages and Deaths in the State of Rhode Island, for the year ending Dec. 31, 1869. By Edward T. Caswell, M.D. Pp. 94.

DIED.—In Philadelphia, April 14th, Dr. Elijah Ward, President of the Philadelphia Board of Health.—In Paris, Ill., April 18th, Dr. E. A. Clark, Professor of Surgery and Surgical Anatomy in the Missouri Medical College.

Deaths in fifteen Cities and Towns of Massachusetts for the week ending April 15, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	114	Consumption 45
Charlestown	7	Pneumonia 26
Worcester	25	Scarlet fever 14
Lowell	17	Croup and Diphtheria 13
Milford	8	Typhoid fever 6
Chelsea	8	Erysipelas 4
Cambridge	22	
Salem	11	
Lawrence	11	
Springfield	12	
Lynn	9	
Newburyport	5	
Somerville	4	
Fall River	12	
Haverhill	6	
	266	

Lowell reports one death from smallpox.

GEORGE DERBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, April 15th, 114. Males, 55; females, 59. Accident, 2—bronchitis, 8—inflammation of the brain, 1—congestion of the brain, 1—disease of the brain, 6—cholera morbus, 1—consumption, 17—convulsions, 6—croup, 2—debility, 4—diarrhoea, 2—dropsy of the brain, 2—dysentery, 1—diphtheria, 4—exhaustion, 2—erysipelas, 3—scarlet fever, 6—gastric fever, 1—typhoid fever, 1—gastritis, 1—disease of the heart, 11—influenza, 1—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 2—inflammation of the lungs, 5—marasmus, 4—old age, 2—paralysis, 2—premature birth, 3—peritonitis, 1—puerperal disease, 1—syphilis, 1—tetanus, 1—teething, 1—tumor, 1—unknown, 6.

Under 5 years of age, 47—between 5 and 20 years, 8—between 20 and 40 years, 23—between 40 and 60 years, 11—above 60 years, 25. Born in the United States, 76—Ireland, 27—other places, 11.

GRIMAULT & CO.'S PHARMACEUTICAL PRODUCTS,

Prepared with the most scrupulous care, under the immediate supervision of Prof. Leconte, M. D. Pharmacist of the First Class, Ex-Preparator of the course of Physiology, at the College of France.

E. FOUGERA, New York, General Agent for the U. S.

GRIMAULT'S MEDICINAL PEPSINE. IN POWDER.

The therapeutical value of this Pepsine in all disorders of the stomach, resulting from the inability of this organ to digest and assimilate food cannot be over estimated. It is used daily with great success in *Dyspepsia, Slow and Difficult Digestion, Gastralgia, Debility of the Stomach*, from old age or from abuse of liquors, and in *Vomiting during Pregnancy*. Physicians will please notice that GRIMAULT'S PEPSINE may always be relied upon. Its digestive power, being physiologically tested by Mr. Leconte, late assistant to Claude Bernard, is always the same.

DR. LERAS' PHOSPHATE OF IRON, In Solution, Syrup or Sugar Coated Pills.

A pleasant combination of Pyrophosphate of Iron and Soda, colorless and tasteless. It is readily assimilated and used with great success in *Chlorosis, Anæmia, Dysmenorrhœa, etc.*, replacing all other ferruginous preparations. It never causes constipation.

SYRUP OF HYPOPHOSPHITE OF LIME, DR. CHURCHILL'S PRESCRIPTION.

Prescribed by the most distinguished physicians for *affections of the lungs, Phthisis, etc.* Each tablespoonful contains two grains of the pure hypophosphite.

Also Syrup of Hypophosphite of Soda, of Iron, and of Manganese.

IODISED SYRUP OF HORSE RADISH.

A pleasant substitute for Cod Liver Oil, prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodine, so intimately combined as to be insensible to the action of starch.

GRIMAULT'S INDIAN CIGARETTES.

Prepared from the Resin of Cannabis Indica.

Asthma, Bronchitis, Loss of Voice, and other affections of the respiratory organs, are promptly cured or relieved by the use of these cigarettes.

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Prepared from the *Paulinia Sorbilla* of Brazil. It is a sovereign remedy in *Headache, Neuralgia, and Diarrhœa*.

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A new preparation of the leaves of Matico, of more certain effect than most of the medicines recommended for the same class of diseases. The capsules contain the essential oil of Matico, combined with the balsam of Copaiba, and do not cause any unpleasant eructations. The injection is prepared with distilled water saturated with Matico.

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Digestive Lozenges and Powders of the Alkaline Lactates.

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Of BURIN DU BUISSON.

The researches of Dr. PETREQUIN, Prof. at the School of Medicine of Lyons, aided by M. BURIN DU BUISSON, the eminent chemist, have established beyond a doubt the *special Adaptation of the Alkaline Lactates* to the treatment of functional diseases of the digestive organs. These preparations will be found very beneficial in *imperfect and laborious digestion, heartburn, gastralgia, loss of appetite, nausea, distention of bowels and stomach*. They are more certain and less irritating than Calined Magnesia, or preparations having Charcoal, Bismuth, or bicarb. of Soda for their basis.

DIGESTIVE LOZENGES AND POWDERS OF THE ALKALINE LACTATES WITH PEPSINE.

These are prescribed in certain cases when the digestive powers are deranged, weakened, or null.

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Ferro-manganic Powder, for effervescing water.

Carbonate of Iron and Manganese Pills.

Syrup of the lactate of iron and manganese.

Dragees of the lactate of Iron and manganese.

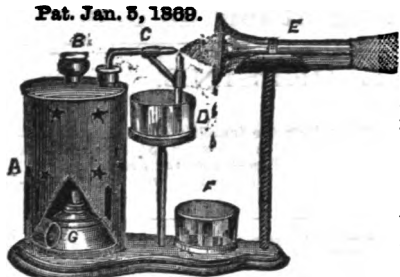
Syrup of the Proto-Iodide of Iron and Manganese.

Pills & Dragees of the Proto-Iodide of Iron & Manganese.

Manganetic Iron reduced by hydrogen.

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Pat. Jan. 3, 1889.



A, metal case containing copper boiler and lamp G for generating steam. B, safety-valve and tube for supplying boiler with water without removing atomizing tubes. C, glass atomizing tubes with flexible metal connections, giving increased strength and allowing adjustment of the points. D, medicine cup. E, glass face shield. F, cup to catch drippings from face shield. G, lamp.

We have entirely remodelled our former apparatus, making several important improvements, and we now offer it to the profession as the cheapest, most durable and efficient apparatus in use. Every part is constructed with the utmost care from the best materials, and is tested by us personally. Leach's Improvement in Atomizing Tubes, for which a patent has been granted, possesses decided advantages over any in use. This improvement secures the glass tubes from movement in the flexible metal connections, which allow adjustment of the points, and render them less likely to break.

Price of Improved Steam Atomizer, complete, \$4.

The Spray Producer, or Instrument for Local Anæsthesia.

A modification of Richardson's original instrument, applicable for Freezing, with Ether or Rhigoleme, or for Inhalation in diseases of the Throat or Lungs.

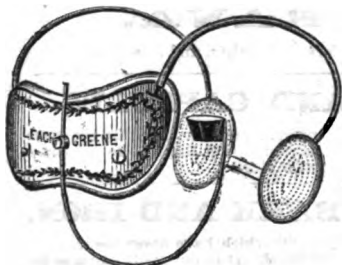
Price of Apparatus, with extra large Bergson Tube, \$5.

Dr. Clark's Atomizer, consisting of two glass Bergson tubes, with metal connections and flexible rubber bulbs, operated by the hand, neatly packed in box. Price \$3.50.

A New Apparatus for Inhaling Chloride of Ammonia in its pure or nascent state, as described in Braithwaite for January, 1868. In neat black walnut case. Price, \$5.

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The cup is of Hard Rubber, supported by a flexible wire electro-plated with gold, is free from liability to corrosion, will not irritate, can be moulded to fit the form of the Pelvis.

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Liebreich's Ophthalmoscope,	\$7 00	Hypodermic Syringes,	\$3 50 to 5 00
Stelwag's "	13 00	Fever Thermometers,	3 00
Laryngoscopes, complete,	\$14 to 16 00	Osmann's Stethoscopes, Disarticulating,	7 00
Simple Throat Mirrors,	1 00	Barnes's Dilators, each,	1 50
Endoscopes,	30 00	Leute's Intra-Uterine Osmatic Instruments,	1 25 to 3 50
Burgeons' Pocket Cases,	\$10 to 26 00	French Rubber Urinals, with valves, male, for night or day,	\$6 00
Amputating "	\$60 to 32 00	The same for day only,	4 00
Compound Operating Cases,	\$45 to 200 00	The same, female, for day only,	\$3 to 4 00
Post Mortem Cases,	\$12 to 25 00	Carbolized Sponge Tons, coated with Cocoa Butter, thus preventing the disagreeable odor arising from the retention of the ordinary kind, per dozen,	3 00
Eye Cases,	\$12 to 75 00		
Bowman's Probes, per set,	3 00		
Williams's Modification of same, per set,	3 50		

BOSTON SPECULUM (Dr. H. R. Storer's modification of Cusco's Speculum), \$6.

ELASTIC HOSE—A large assortment constantly on hand; also made to measure when required. Trusses, Supporters, Shoulder-Braces, Suspensories, Syringes, Catheters, Bougies, Sayre's Splints, Galvanic Batteries, Crutches, &c. &c.

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APPARATUS FOR

Atomization of Liquids for Inhalation, Local Anæsthesia, &c.

By the Atomiser any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air cells, thus opening a new era in the treatment of all diseases of the Throat and Lungs.

The Complete Steam Atomizer for Inhalation, &c.



FIG. 18. The Complete Steam Atomizer.

The waste-cup, medication-cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.

It cannot be injured by exhaustion of water, or any attainable pressure of steam.

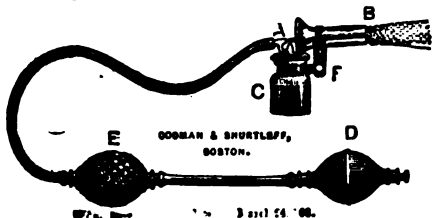
It does not throw spirits of hot water, to frighten or scald the patient.

Is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will tender the best of service for many years, and is cheap in the best sense of the word.

Price, \$8. Neatly made, strong, Black Walnut Box, with convenient handle, additional \$2.50.

Fig. 5. Shurtleff's Atomizing Apparatus.



For Inhalation, and with suitable tubes, for Local Anæsthesia, and for making direct local applications of atomized liquids for a great variety of purposes. [See our Pamphlet.]

The most desirable Hand Apparatus.

Rubber warranted of very best quality. Valves of hard rubber, every one carefully fitted to its seat, and work perfectly in all positions.

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Each of the above Apparatuses is supplied with two carefully made annealed glass Atomizing Tubes, and accompanied with directions for use. Every Steam Apparatus is tested with steam, at very high pressure. Each Apparatus is carefully packed for transportation, and warranted perfect. Also,

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- THE TREMONT ATOMIZER, with two glass atomizing tubes, 2.50
- NICKEL PLATED TUBES, for Local Anæsthesia and for Inhalation, each 2.00
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- NASAL DOUGHER, for Treating Diseases of the Nasal Cavity, eight different varieties, each with two Nozzles, packed, \$1.20, 1.50, 1.75, 2.00, 2.50 and 3.50

N. B. To save collection expenses, funds should be sent with the order, either in form of draft, post-office order, or registered letter.

For complete illustrated price-list of Apparatus, Tubes, &c., see pamphlet.

Will be sent by mail (post-paid) on application,

A PAMPHLET

containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," with formulae of those successfully employed. Also an article by Dr. J. L. W. THUDICUM, M.B.C.P., on "A New Mode of treating Diseases of the Nasal Cavity," with his formulae. Also an illustrated description of the best apparatus for the above purposes, and for producing LOCAL ANÆSTHESIA by Atomization with Ether, by the method of Dr. RICHARDSON, of London; or with Rhigolene, as described by Dr. HENRY J. BIGSLOW, in the Boston Medical and Surgical Journal of April 19, 1866.

All our Atomizing Apparatus is made with the utmost care, with a view to its complete efficiency, convenience and durability, and every one is warranted. A Gold Medal has lately been awarded us by the Middlesex Mechanics' Association for Atomizing and Surgical Instruments, as will be seen from the following report, signed by a leading New-England Surgeon and Physician:

"1503. CODMAN & SHURTLEFF, Boston, Mass. One Case Surgical Instruments and Atomizers.

"The Committee have no hesitation in awarding for this superb exhibition the highest premium. The various other instruments for Inhalation of Atomized Liquids, and for Local Anæsthesia, were all apparently faultless, both in design and workmanship. The exhibitors are regarded as more especially deserving of the highest token of merit for having produced nothing except of their own manufacture. Gold Medal.

(Signed)

GILMAN KIMBALL, M.D., Chairman."

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- " " with Adjustable Ear Pressure 8.50
- *Knight's Modification 9.50
- Brown's Universal Tractors, each 50
- Bigelow's Polypus Forceps.
- " Needle
- " Tourniquet.
- Beech's Needle Forceps.
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It will keep unaltered for years in any climate, and will recommend itself at once for its purity, its permanency and cheapness.

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| Pill Podophyllum cum Ferro, | Dr. Jackson's Formula. |
| Alternative Laxative Pill, | Dr. Gilman Davies's Formula. |
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B1—4f

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The contrivances hitherto devised for the purpose have generally fallen into disuse on account of radical defects in construction, and the substitute now offered has been withheld until it could be thoroughly tested in a class of cases which have resisted medical treatment. How it obviates the most objectionable feature of the ordinary appliances, and in what respects is superior to them, is at once apparent. Manufactured and for sale by ROBERT E. KENT, East Boston.

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- " Phosphates Comp. (Parish).
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- " Cit. Iron and Strychnia.
- " Cit. Iron and Quinia.
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And many other Pharmaceutical Preparations.

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Every limb is made first class, of the best material, and fully warranted.

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HILL-SIDE SCHOOL—For Undeveloped and Peculiar Children, SOUTHBORO', MASS.—Boston, Clinton & Fitchburg Railroad, Fayville Depot. Cars leave Boston from the Boston & Albany Depot.

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References:

- Dr. S. G. Howe, Boston, Mass.
- Dr. Edward Jarvis, Dorchester, Mass.
- Dr. H. M. Knight, Lakeville, Conn.
- Mr. H. K. Frothingham, Mass. Bank, Boston.
- Mr. P. A. Ames, 70 State Street, Boston.

88—1y.

189 WARREN AVENUE, Sept. 16, 1896.
D. E. T. W. FISHER, having retired from service at the Boston Hospital for the Insane, to enter on general practice in this city, will give attention by preference to Mental and Nervous Diseases.

He has permission to refer to the following gentlemen:

- Dr. C. A. Walker,
- Dr. D. H. Storer,
- Dr. C. E. Buckingham,
- Dr. J. E. Tyler,
- Dr. H. I. Bowditch,
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D1—1y

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Ap. 20—Sept. Aug.

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Jy 18—41

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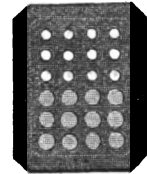
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 Mch. 30—



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Ap. 6—4t—contd.

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OT—4t

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May 1

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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H. H. A. BEACH, M.D., ASSISTANT EDITOR.

Whole No. 2256. }
Vol. LXXXIV. }

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Apr. 20—

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[Continued on next page.]

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Mich.16—1y.

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GARRATT'S ELECTRIC DISK.—For local rheumatism, weakness, pain or palsy. A neat self-acting *electrique*, that is powerful yet comfortable; and as it acts without shock, is perfectly safe in all cases. It is simply to be worn on the body or limb for the tonic effects of localised-primary electricity. The most delicate can wear it with ease.

This highly electrical disk (of *magnesian-zinc alloy* and *silver* gives a gentle protracted application. It is in effect very efficient. They are a most convenient *special remedy* for a lame back shoulder, stomach or side, for a weak throat or thorax, for *cold rheumatism*, neuralgia, local palsy, and various nervous diseases.

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O.27—tl

BOSTON MEDICAL AND SURGICAL JOURNAL.—The present Series of this Journal began in February, 1868. In 1870, the time for beginning the new volumes was changed from February and August in each year, to January and July, at which times the semi-annual volumes of the Journal now commence. Each weekly number contains 16 pages of reading matter, making 416 pages in a volume—with an additional sheet in any number when needed by press of matter. Thus Vol. V. in 1870 contained 504 pages, and Vol. VI. 436 pages. The back volumes of the present series can be supplied at a discount to new subscribers. Copies handsomely bound in cloth, in a style which is intended to be uniform for this series, are constantly on hand.

The old series of the Journal, which began in 1838, and ended in 1868, forms a valuable compendium of the medical and surgical history of the country for a period of forty years, and complete sets are of course now quite difficult to obtain. The copies of volumes and single numbers which remain in the hands of the Publishers have long been in a scattered and disarranged condition but have lately all been collected in one place, partially arranged, and will soon be so classified that the exact condition of the whole series, with regard to complete sets, will be known. Subscriber, who have in their possession, or who know of others having the earlier volumes of the series which are not wanted by them, are requested to inform the Publishers. By this means it is probable that a few complete sets of the work may be obtained.

RECOVERY after the Passage of an Iron Bar through the Head. By JOHN M. HARLOW, M.D. With a Plate. A few copies of this most remarkable case, as read at a late Annual Meeting of the Massachusetts Medical Society, by Dr. Harlow, the attending physician, have been printed in a pamphlet form separately from the Publications of the Society, and may be had at this office. Dr. H. here gives briefly the subsequent and final history of the case, to the death of the individual twelve and a half years after the accident, with description of the injury as now shown in the skull deposited in the Museum of the Medical College in this city. Price of the pamphlet, 20 cents. Sent by mail, postage paid.

THE PHYSICIAN'S HANDBOOK OF PRACTICE for 1871. By WM. ELMER, M.D., and ALBERT D. ELMER, M.D.

Copies of the Handbook for 1871 have been received, and are on sale at the Medical Journal Office. The work is well printed and ruled, on good paper and in neat binding, and the internal arrangements for the practitioner's daily use are ample and convenient.

Price, \$2.00. Orders are solicited by the Publishers of this Journal. On receipt of the money by mail, the work is sent free of postage.

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The subscriber continues, as for the past twelve years, to devote special attention to the propagation and supply to the profession of the best possible *materiel* for vaccination.

Last spring he sent a special agent to Paris to investigate fully the whole subject of animal-vaccination as practised there, and to procure such supplies of virus, in various forms and from many different animals, as might enable him to inaugurate the method here. This agent returned two months since, and the objects sought in sending him have been fully attained. Over twenty heifers have already been successfully vaccinated, others are vaccinated every few days from the two non-humanized "stocks" mentioned below, and this "service" will be continued indefinitely if, as is not doubted, the support of the profession justifies the great and continual labor and expense.

All virus issued by me is collected by myself from vaccinations of heifers and infants, made by my own hand, and is fully warranted in every respect. In any case of failure of a first supply, a second will be sent on notification within thirty days.

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COWPOX VIRUS, derived by transmission from heifer to heifer, from the famous case of cowpox discovered at Beaugency, in France, in 1806. **COWPOX VIRUS** from inoculation of an heifer in 1866, from an original case of horse-pox at Allfort in France, and since then from heifer to heifer. Crusts, \$5; Capillary Tubes of fluid lymph, \$3; Packages of ten Ivory points, charged on both sides, \$2 each.

VACCINE VIRUS, of one perfectly healthy human remove from either of the above. **VACCINE VIRUS** from vaccination of healthy selected infants with the "stock" of the National Vaccine Institution of London, derived in long succession, for seventy years, from lymph collected by Jenner himself; the oldest and best long humanized virus in existence. Crusts, \$3; Tubes, \$2; Packages of points, \$1.50 each.

The Tubes and Points are recommended as the best forms of the cowpox; of the humanized "stock" all forms are equally reliable.

I shall be most happy to answer all inquiries touching the subject of Vaccination, and on any week day, from 8 to 4 P.M., to receive the visits of physicians, and exhibit to them heifers in different stages of the disease; but no orders for virus will be noticed without a remittance. The original cowpox lymph will not be supplied to or through agents or dealers.

Address Dr. HENRY A. MARTIN,
27 Dudley Street, Boston Highlands, Mass.
Dec 1, 1870.

COPARTNERSHIP NOTICE.—I have this day admitted Geo. F. H. MARKON, for seven years my head clerk, and JOSEPH T. BROWN, Jr., my son, partners in my business. I avail myself of this opportunity to tender my sincere thanks to my old friends and customers for the liberal patronage bestowed upon me for more than THIRTY YEARS, and respectfully ask a continuance of their favors in behalf of the new firm. JOSEPH T. BROWN,
292 Washington Street.

Boston, March 1, 1869.

JOSEPH T. BROWN & CO., Druggists and Pharmacists, 292 Washington, corner Bedford Street, Boston, Manufacturers of Standard Pharmaceutical Preparations, and Dealers in the Finest Drugs, Medicinal and Fine Chemicals, Select Powders, Pure Essential Oils, Genuine Medicines, Mineral Waters, New Remedies, &c. &c.

We also offer a full and carefully selected assortment of that class of Fancy Goods and Toilet Requisites usually found in a first-class Drug Store.

To the very responsible duty of compounding and dispensing Physicians' Prescriptions, close personal attention will be given, and the utmost care will be taken to insure the purity and official character of all medicines used in dispensing.

By manufacturing ourselves, by careful selection from the market, and by direct importation, we shall be able, at all times, to supply our customers with the highest grades of every article in our line.

Boston, March 1, 1869.

Mch. 11.—tl

PHYSICIAN'S DAILY ACCOUNT BOOK.—Published and for sale at the Medical Journal Office. This Account Book has been in use for many years, and has been found convenient and economical to the practising physician. It is constructed upon the plan which some of the leading physicians of Boston consider best adapted to the limited time which the medical practitioner has to bestow upon the proper keeping and making out of his accounts. A cash book and ledger accompany the daily account; but as some prefer a different arrangement in making their charges, the following kinds of the books are furnished, with the prices annexed:

Small size, with Day Book, Cash Book and Ledger,	\$3.00
Large size, with the same,	4.00
Large size, Day Book only (bound up especially for individuals preferring separate Cash Book and Ledger),	4.00

Orders, with the amount enclosed, may be sent by mail to the publishers of the Journal, and the book will be forwarded by Express, or as otherwise directed.

HAZARD & CASWELL'S PURE COD-LIVER OIL.

Prepared on the Sea-Shore of Cape Cod and Cape Ann, by Mr. CASWELL, personally,
from Fresh and Selected Livers.

The universal demand for an article of Cod-Liver Oil that could be depended upon as *strictly pure and scientifically prepared*, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the *Fishing Stations*, where the fish are brought to land every few hours, and the livers consequently are in great perfection. Its manufacture is personally superintended by our Mr. Caswell, and every gallon made is closely scrutinized. This Oil is confidently recommended to the Trade and Medical Profession as the *Sweetest and Purest* in market.

It is made of fresh selected livers on the sea-coast, and can be retained by



the stomach when other kinds fail, so sweet and pure is it from the great care and skill attending its manufacture.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's oil, and give yours the decided preference."

Prof. Hayes, State Assessor, of Mass., after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have carefully studied the effects of different Cod Liver Oils, have unanimously decided the *light straw-colored Cod-Liver Oil* to be far superior to any of the brown oils.

The nauseous and offensive character of the usual Cod-Liver Oil in use is extremely prejudicial—more so than none at all; so that an article fresh and pure is indispensable.

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THE BEST THREE TONICS OF THE PHARMACOPŒIA.

IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & CO. also call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable

Ferro-Phosphorated Elixir of Calisaya Bark,

a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome without any injury to their active tonic principle, and blended into a BEAUTIFUL AMBER-COLORED CORDIAL, delicious to the taste and acceptable to the most delicate stomach.

A teaspoonful contains one grain of the Salt of Pyrophosphate of Iron, and a pint of the mixture contains the virtue of one ounce of Royal Calisaya Bark. The Profession are warned against many imitations of the Ferro-Phosphorated Elixir of Calisaya, made from very inferior materials.

Ferro-Phosphorated Elixir of Calisaya Bark, with Strychnia.

This preparation contains one grain of sulphate of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effects.

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This combination has now become exceedingly popular with the first physicians of the country, by whom it is efficiently and successfully used in gastralgia, laborious digestion, acid eructations, nausea, debility, and nervous derangements. Each tablespoonful contains eight grains Ammonio Citrate of Bismuth, four grains Pyrophosphate of Iron and three-quarters grain Quinine in its natural state of combination.

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Where an efficient tonic is required, and in cases where Iron is contraindicated, our simple Elixir of Calisaya will be found of admirable service. In it the finest variety of Calisaya Bark is combined with aromatics and made into a ruby-colored cordial, which is very pleasant to the taste and friendly to the stomach. One pint of the Elixir contains the virtues of one ounce of the Calisaya.

ODO-FERRATED COD-LIVER OIL.

This combination holds sixteen grains *Iodide of Iron* to the ounce of our pure Cod-Liver Oil ["*Oleum Morrhue*"] in perfect solution, making a pleasant and beautiful, clear, light-brown combination, free from the unpleasant inkiness of the Iodide of Iron. It possesses not only the nourishing properties of the Cod-Liver Oil, but intensified by the powerful tonic and alterative effects of the Iodide of Iron, thereby assisting the assimilation of the oil by the stomach, and increasing its nutrition, making this invaluable remedy (Cod-Liver Oil) far more efficacious in scrofulous and other diseases indicating its use.

This combination is one long desired by the Profession, and one, when Iron is indicated (as in most cases), the practitioner will find invaluable. One of the advantages of the Iodo-Ferrated over all other combinations of Cod-Liver Oil is, that a much less quantity is sufficient for a dose, as it contains four or five times the amount of Iodine found in the natural oil. Physicians can rely upon this preparation as containing sixteen grains of the *Iodide of Iron* in each ounce of Cod Liver Oil.

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Cod-Liver Oil, with Iodine, Phosphorus and Bromine.

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The following are the proportions and constituents of one pint of our Cod-Liver Oil with Iodine, Phosphorus and Bromine: Iodine, 8 grains; Bromine, 1 grain; Phosphorus, 1 grain; Cod-Liver Oil, 1 pint. Manufactured by CASWELL, HAZARD & CO.

JUNIPER TAR SOAP.

This article is highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is manufactured by ourselves from the purest materials, and is extensively and successfully prescribed by the most eminent physicians of New York. Samples of our Preparations furnished free to the Profession on application.

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Feb. 2—copy. E.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, APRIL 27, 1871.

[VOL. VII.—No. 17.]

Original Communications.

VIENNA MEDICAL EDUCATION.

By D. F. LINCOLN, M.D., Boston.*

A YOUNG man commencing his medical studies in Vienna must have reached the age of seventeen. He must bring a certificate from the gymnasium that he has completed the eight years' course,† and has passed a satisfactory final examination (*Abiturienten-examen*).

The regular medical course lasts five entire years, with the exception of the two months' vacation in summer, the fortnight at Easter, and the fortnight at Christmas. With the gymnasium course, this makes thirteen years; and if we include the necessary instruction in a grammar-school, previous to entering the gymnasium, we find that the Austrian physician, before commencing practice, has to bring legal attestation to seventeen or eighteen years of study, of one sort or another. And to this statement we may add, that the process of obtaining the degrees of M.D and Chir. D. occupies a number of months after graduation; and that a very large number of young doctors seek still further to extend their knowledge by getting positions as Assistants in Vienna, or elsewhere, for a couple of years, before commencing general practice.

The most advanced standard of American medical education (if my information is correct), is that to which the College of Physicians and Surgeons in New York con-

forms, and which requires attendance upon three courses of winter lectures, each lasting five months—or, in other words, three half-years of study—beside certificates of "study under the direction of a practitioner of medicine" for the other three half-years. The number of years of study, before the student commences Medicine, cannot, of course, be stated; but, doubtless, in the opinion of many students, eight years *will do*.

The question naturally suggests itself:—Are the German medical students naturally more stupid than the Americans, or are they, at the close of their studies, twice as well educated? Or, again, Are they obliged to waste valuable time in learning theory, to the comparative neglect of practice? We can well dispense with the consideration of the comparative intellectual capacity of the two races; but it will be worth our while to look at the facts, as to the method of instruction here followed, and to compare them in our own minds with corresponding facts in our own system.

The student is at liberty to follow any order he chooses, in his medical studies; with the exception that, before studying Practical Midwifery, he must have studied Practical Clinical Medicine for two semesters (half-years). In general, in fact, almost always, he follows nearly the plan which is here subjoined, as given in the *Oesterreichischer Studenten-Kalender*.

The required studies—i. e., those upon which the student must pass an examination—are stated below, in connection with Rigorosa. It is difficult to distinguish them in the scheme; almost all are more or less necessary.

Semester I.—Medical Hodegetics, Descriptive Anatomy, Dissection, Mineralogy, Zoölogy, Zoöatomy, General and Medicopharmaceutical Chemistry and Structural Botany.

II.—Descriptive, topographical and comparative Anatomy, Chemistry, Botany, and Lectures on Medicinal Plants, preparatory to Pharmacognosy.

III.—Topographical Anatomy, Dissection, Physiology, General Pathology, Pharma-
[WHOLE No. 2256]

VIENNA, March 29th, 1871.

* MESSRS. EDITORS.—The attention of our medical public has been of late so strongly called to the system of teaching in Vienna, that any trustworthy information has been welcomed among us. Will you permit me to lay before your readers a few facts, such as I have been able to collect on the spot?

Respectfully, Your obt' serv't,

D. F. LINCOLN.

† This course, in Austria, embraces the following studies:—Obligatory: Religion, Latin, Greek, German, Geography, History, Mineralogy, Botany, Zoölogy, Physiology, Logic and Psychology. Non-obligatory: Modern Languages, Drawing, Singing, Gymnastics, Stenography.

VOL. VII.—No. 17

cognosy, General Therapeutics, Instruments and Bandages, Clinical Propædæntics. And so forth.

In the fifth and sixth half-years, study under Oppolzer; and in the seventh and eighth, under Skoda (Duchek). Commence Surgery in the fifth, and Midwifery in the seventh. Space is allotted to Skin Diseases, Children's Diseases, Syphilis, Laryngoscopy, beside the list of required studies. Theory and Practice is not studied, therefore, in the first two years; nor is Clinical Surgery. A course on Percussion and Auscultation is expected to precede the study of Medicine under Oppolzer.

Are the students in earnest? Do they work reasonably hard? As regards the great majority, we must answer these questions in the affirmative. It is not much the fashion, here, to waste time in drinking and duelling, and the other refined enjoyments of the traditional "German Student's" life. The only control exercised over them, in respect to studies, is the necessity of bringing the signatures of the several Professors, inscribed in a sort of pass-book, as proof that they have attended the required courses of lectures. They must, at least, have paid for all the courses. If they attend them, they spend an average of five or six hours daily in the lecture-room; and a good student should also spend a couple of hours a day in private reading. Saturday and Sunday are official holidays, but a good many clinics are continued, and some courses of lectures are expressly advertised as given "on Saturdays and Sundays only."

Examinations for Degrees.—During the last year of study, the students' energies are constantly stimulated by the impending examinations, appropriately called "*Rigorousa*." It is usual to pass the first, and the severest of all, within a few months after completing the term of five years. I do not find that there is anything here like the English system of "coaching" for an examination, but there is a great deal of study—of legitimate, rational study, I mean—devoted directly and specially to the end of passing the examinations. One may infer what that study is, from the following specimen-advertisement:

"For those preparing for their *Rigorousum*, the undersigned begins a course upon Pathological Anatomy on Monday, March 6th; Time, 5½–6½, P.M.; Place, Autopsy-room. To last 7–8 weeks. Honorarium 12 fl.; 17 fl. for doctors and foreigners.

"Dr. H. KUNDRATH,

"1st Asst., Pathol. Institute."

The first *Rigorousum* embraces the sub-

jects of Botany, Mineralogy, Zoölogy, Anatomy, Physiology, General Pathology, and Pathological Anatomy.

No student is admitted to examination who has not spent at least two years of the five in an Austrian University. Public disputations, and the presentation of theses, do not form a part of the *Rigorousa*. There are no written questions.

The Examining Board sits once a week during term-time. Students have first to show the attestation, in the form of the Professors' signatures, to the fact of their attendance upon the prescribed courses during the five years; they then, in groups of three or four, are ordered to present themselves on a given day before the Board, for examination.

Upon the day appointed, the first student, alone, enters the *Rigorousum*-chamber, where he meets one Professor, with the Dean of the Doctors' College, and the Dean of the Faculty. He is questioned by the first two gentlemen for ten or fifteen minutes, or until the Dean of the Faculty declares that the examination is sufficient. He then retires, is marked by the Professor, and student No. 2 comes in to repeat the same process. When all are examined upon one subject, a second Professor is at hand to examine upon a second subject, and the process is thus continued till all the subjects are disposed of. A moment's calculation will show that the examination of four students occupies from four to six hours. Afterwards, the Professors assemble, consult, and vote. A candidate may be disposed of in several ways. In the first place, he may be passed unconditionally; secondly, he may receive his degree "*cum admonitione*," being advised that he had better look up certain branches; thirdly, he may be conditioned on one, two or three studies, and ordered to appear in from two to six months to be re-examined; fourthly, he may be compelled to undergo the entire examination anew; and, lastly, what almost never happens, he may be unconditionally rejected.

The second *Rigorousum* for the degree of M.D. embraces the following studies:—Chemistry, Pharmacology, Legal Medicine, Special Medical Pathology and Therapeutics (i. e., General Theory and Practice), and Ophthalmic Medicine.

An interval, which I cannot now state, intervenes between the first and second *Rigorousa*. The additional degree of Doctor of Surgery is taken by most practitioners, and two similar examinations have to be passed before that degree can be had; and

if the physician wishes to practise Obstetrics, he passes a fifth examination and becomes Master of Midwifery. Masterships of Ophthalmic Medicine, and of Veterinary Surgery, are also conferred.

Let us now turn our attention to the more special characteristics and advantages of the Vienna School.

Clinical Facilities.—I do not know how many patients are exhibited annually to students, but the number may be reasonably estimated at twenty thousand. The departments of Surgery, General Practice, Ophthalmic Medicine, Diseases of the Ear, Midwifery and Syphilis, have each two clinics; in Children's Diseases, Auscultation and Percussion, Psychiatria, Propædæntics, there are also regular daily clinics; there are four "ambulant" or out-patient clinics in Medicine and Surgery; and each clinic undoubtedly receives two, three, or more, new patients a day. If to this we add the fact that a great many patients are shown by private teachers, "*Privat-docenten*," we shall find that twenty thousand is an exceedingly moderate estimate.

But, is this all, in a population nearly as large as that of New York, and full of wretchedness and disease? It is not all, certainly. Taken together, the *Rudolf's Spital* and the *Gumpendorfer Spital* will contain about two-thirds as many as the General Hospital; but the students are almost entirely excluded from the two smaller hospitals. And the number of poor patients that are now treated at home for various common diseases must be very great; but the students have no opportunity of coming into contact with this class. In one sense, there is great practical advantage in concentrating a mass of material upon a spot of ground which one may walk around in fifteen minutes. It saves a vast amount of time, to have practical examples brought together in one building. Yet it may be questioned whether something like our own Dispensary system could not be made profitable to the student, in introducing him to actual practice. There is certainly a good deal of complaint made of the deficiency of this part of medical teaching in Vienna. As instruction, it is admirable; but "the student gets no chance to practise either Medicine or Surgery till after he takes his degree." Did no student ever make the same complaint in Boston?

As already mentioned, a Doctor of Medicine and Surgery may obtain, after a year's probation, the place of Assistant in some hospital, and may keep that position from one to three years. Or, he may be so for-

tunate as to win the appointment of Surgical Apprentice, by passing a competitive examination. I believe eight appointments of the latter sort are made annually. The apprentice has to perform almost all operations under the supervision of Dumreicher or Billroth; in fact, there could be no better practical school for surgery.

That the strictures just made are not unfounded, is shown by the universal desire, felt by professors and students alike, that the whole *Algemeines Krankenhaus* should be made accessible to the students. The subject is now open; or, rather, it may be said that the proposed step will be taken as soon as the Government of Lower Austria, which controls the hospital, will give its consent—a consent which is rather problematical at present.

In an excellent article on Vienna, published in the *British Medical Journal*, by J. F. Payne, M.B., Oxon., similar strictures are applied, much more severely, to the opportunities for clinical instruction in Berlin. Without further discussing this point, let us again state clearly the complaint that is made: it is, namely, that students do not actually have cases put into their hands to treat; and that they do not receive enough attention in the way of direct personal instruction and supervision from the clinical teachers of General Medicine and Surgery. In fact, a student's obligations in this direction cease when he has reported four medical and four surgical cases; though he may report many more if he chooses. There are only four clinical wards, for General Medicine, in the whole hospital. The Professors try to make the best of this arrangement by changing the patients frequently; but they are not responsible for the fact that only eighty or ninety beds are allotted to this study—and that students are actually excluded from visiting the rest of the hospital, except in the study of specialties.

There is another arrangement—or, rather, a want of arrangement—which is so palpably bad as to have become matter of general comment. I refer to the manner in which Oppolzer's clinic has hitherto been conducted. Students have crowded the ward, to the number of one or two hundred, roaming about at will, only occasionally getting near enough to hear an account of a case, and but seldom seeing the patient and the Professor at once. But as I write these lines, the arrangement is changing. Skoda has just retired; the torchlight-procession of near two thousand students—the complimentary, but heart-felt addresses—the new portrait on the old walls—are

matters which you will doubtless have heard of. Duchek succeeds him, but exchanges wards with Oppolzer; and a new lecture-room is to be provided for Duchek, so arranged that patients may be wheeled in and out from the wards on train-ways, when needed for clinical illustration. Skoda's clinical lectures were not crowded; the students all took seats, the ward was perfectly quiet, and the examination was conducted in a very orderly manner.

Practical Anatomy is fairly provided for. The dissection-room has nothing to boast of; it contains some sixteen tables, rather poorly lighted. The number of *whole* subjects may be 120 per annum; of subjects eviscerated in the autopsy-room, 180; beside a number of bodies of infants. A whole subject is given to two groups, of four each; a subject without viscera, to four such groups. The heads of the subjects, as a rule, are not allowed to be opened, being reserved for Hyrtl's Museum. Each student is required to register for Anatomy at least three semesters; in which time he is likely to get nine chances to dissect. If he chooses, he may register for four or five semesters.

A serious fault, to the writer's mind, lies in the fact that the student has to be examined in so many things at once—botany, mineralogy, &c.—things studied, perhaps, faithfully, three or more years previous to the Rigorosa, but which the student has had no previous opportunity to be examined upon. It must be a grievance to have to review the mass of old and new studies, all together, at the end of five years.

Mode of Teaching.—Text-books are recommended, but are not used to recite from. All lectures are clinical, if the nature of the subject admits of that mode of treatment. Professors and Assistants have certain rights in regard to the use of "material." Thus the two surgical and the two medical clinics have the right to any patient entering the hospital, as long as such patient is likely to be of use. Patients with certain diseases are of course sent to the clinic, or the wards, of a specialist; and all the important specialties are provided with large wards, which furnish ample material for private and public lectures. Sometimes the lecture is of the nature of a visit to the ward, with remarks by the professor; sometimes it is given in a separate room, and the patients are brought in one by one. In every case, the patient is brought so near that the student, by taking a little pains, can see, touch, auscult, or question him. Some of the *private*

courses are perfect models of teaching. The instructor sits, surrounded by a dozen pupils; the patients are brought in, one by one, and each pupil *must* see—*must* answer questions—cannot help learning, in fact.

The American student is entirely independent; can go anywhere, by paying his fee (which "for doctors and foreigners" is usually a third higher than for Austrian subjects); does not need to matriculate, and comes very little in contact with the German students, unless he chooses to seek their acquaintance. He may come at almost any season of the year, and find profitable and abundant employment without delay.

The *Privat-docent* is a physician who is entitled to lecture on a given subject. He charges his own rates, and appoints his time to suit circumstances. Usually, he is able to get abundance of material from the wards to illustrate his lectures, though he cannot be said to have the absolute *right* to use the material. Private lectures are given, not only by these gentlemen, but also by Assistants and Professors. But be the lectures public or private, they are accessible to the men who can pay. At any given time, one may find here a dozen or twenty series of interesting special courses going on, and never need wait long for a new course to commence, for the usual length of the great number of courses is from three to eight weeks. These are the courses that "pay;" they are what the foreigner wants; the teachers are ambitious, and the classes are small.

The number of Ordinary Professors is eighteen; of Extraordinary Professors, twenty-four; of *Privat-docenten*, forty-four; of Assistants, twenty-nine, making a total of one hundred and nineteen, or, deducting four Assistants, who are also *Docents*, one hundred and eleven teachers.*

The growth of the "High-School" of Medicine in Vienna has been very remarkable of late years. In 1865, the number of students in the winter-term was 859; since which time it has steadily increased, until last winter it amounted to 1425. Of this large number, only 117 belonged to countries without the Austrian jurisdiction. In the official list, one hundred and eleven courses of lectures are advertised, which is an increase proportionate to the general growth of the school.

There remains the task of enumerating

* Assistants often teach without becoming *Docents*. This is the fact, though whether it is strictly in accordance with the statutes, I cannot say. Assistants, therefore, are here included in the list of instructors. The statistics are from this year's "Medico-Kalender."

the subjects which present the most valuable inducements to the foreign physician who thinks of studying here. The reader is requested to pardon omissions.

Children's Diseases.—The St. Anna Hospital is but five minutes' walk from the General Hospital. Here a daily clinic is held by Widerhofer. Nothing can be more satisfactory than the way in which practice and theory are alternately presented by the skilful and humane Professor. The material is exceedingly rich and instructive, and there is frequent opportunity to see autopsies.

Skin Diseases and Syphilis.—Hebra and Sigmund are at the head of these most important and valuable clinics. Their Assistants are well known to the medical world through their independent researches, and their valuable publications.

General Pathological Anatomy.—The material comprises perhaps 2400 autopsies in a year. The Assistants are very excellent instructors. It is, however, very difficult to hear Rokitansky's voice in his lectures.

General and Experimental Pathology is taught in Stricker's Laboratory. Here is an excellent opportunity to "work with the microscope" in any line of investigation one chooses, under the general guidance of a man of first-rate talents. Klein, a valuable teacher in that department, is very soon to leave for London, where he will be connected with the New St. Thomas's Hospital.

Operative Midwifery is most admirably taught. The courses are exceedingly practical, many operations being performed on the cadaver, and others on the phantom. In practical midwifery, there is no need to enlarge on the advantages offered to the diligent student. Perhaps Dublin is the only rival of Vienna in this respect.*

The Ear is taught by two very able and distinguished men, Gruber and Politzer.

The Eye.—Arlt, von Jäger, Stellwag von Carion, are the Professors.

Psychiatry.—Meynert gives a daily lecture in the Insane Asylum, usually illustrated by practical examples; the Professor presenting the patient before the class, and conversing with him as long and as freely as may be necessary in order to expose his disease. From personal observation, I should judge that the influence of this treatment was rather beneficial than otherwise. I have not yet had the honor of hearing Professors Schlager and Leidesdorf.

Auscultation and Percussion are well taught by several instructors.

Physiology and Higher Anatomy.—

Brücke's lectures, with microscopical illustrations, are characterized by good method, and great clearness and directness.

The following names are added, without comment:

Hyrthl and Voigt—Descriptive Anatomy.

Billroth and Dumreicher—Surgery.

Oppolzer and Duchek—General Clinical Medicine.

Braun and Späth—Midwifery and Gynecology.

Benedikt—Electro-Therapeutics.

Patruban—Surgical Anatomy.

Cost of Living.—A comfortable room, with attendance, costs from 15 to 25 gulden per month; and one's food costs, say 10 gulden per week. The present value of the pound sterling is nearly 12½ gulden, but the paper currency of Austria fluctuates like our own. Lectures cost from five gulden to fifteen or more, for a course of very indeterminate length, and most foreigners take six or eight courses in a term; say sixty or eighty gulden. The German student pays from thirty to fifty gulden a term; but good students, on proving poverty, are excused from one-half or the whole of the fees.

Lectures commence at eight in the morning, and last till seven at night. One usually hears from four to six lectures a day; owing to their clinical character, they do not exhaust the attention as they might if they were so many written prelections. And it is also very agreeable to find that the most interesting subjects do not often "collide" with each other in the time-table; one can always make a list of four or more courses of special interest, which can be heard on five days in the week.

Strangers are apt to find it very hard to get information regarding the courses. One has to go on a sort of house-hunting expedition, as it were, looking at scores on scores of bits of paper, posted in all parts of the hospital; for a great number of private courses are not advertised in the printed list. Or one goes to the various clinics, and asks the Professor, or Assistant, "when his next course begins," &c. English and American friends are very useful—*experto credite!*

The Winter-semester begins on the first of October, and lasts till Thursday before Palm Sunday; the Summer-semester begins on the Thursday after Easter, and lasts till the end of July. One can study Midwifery,

* We shall shortly lay before our readers a valuable paper on the Study of Obstetrics in Vienna.—ED.

and various other subjects, perfectly well in the summer vacation.

The climate of Vienna is very variable. The Danube-fogs make the winter season exceedingly dull and depressing, but during the rest of the year there is a great deal of fine weather, liable to sudden changes to snow or rain. In the warm season, everybody sits out of doors in the evening; but it is never so hot as our New England summer. The low lands, near the canal, were overflowed a few weeks ago. If one has a special aversion to "the shakes," he will take care not to choose a lodging in that neighborhood. Consumption is excessively fatal here—whether under the name of tuberculosis or of caseous pneumonia; it is, in fact, called the *Morbus Austriacus*. But it is hard to tell whether the fog, sleet and rain play the chief part in producing this result, or whether the poverty, the bad habits, the unwholesome mode of life, and the crowded dwellings of the populace are not a chief cause.

In conclusion, the writer would thank those gentlemen who have most kindly assisted him in gaining information; and would advise those who have the chance, to go and see, for themselves, what Vienna is like.

CASE OF BLINDNESS—CAUSED BY GUN-SHOT WOUND—CURED BY INJECTION OF STRYCHNINE.

By Prof. NAGEL, of Tübingen. Translated by RICHARD H. DERRY, M.D., New York, Ophthalmic Surgeon to the Demilt and New York Dispensaries.

A FEW weeks ago, I published the result of my observations* for several years past on the great value, as a therapeutical agent, of subcutaneous injections of strychnine in different forms of amblyopia and amaurosis. The following case of traumatic amaurosis, where a very striking, indeed a wonderful result was attained by treatment, serves, in my opinion, to thoroughly remove all doubt as to the efficacy of strychnine, and offers every encouragement to its further application.

The patient, Heinrich Stüchemann, 22 years of age, from Westphalia, was a Musketeer in the 15th Prussian Infantry, and received a gun-shot wound in the left side of his head at Mars la Tour, on the 14th of August last. In the official list of losses he is mentioned as shot through the left eye. The ball, fired at a distance of about fifty feet, struck the left upper lid beneath

the eyebrow; grazing that portion of the zygoma which forms the outer orbital margin, it passed into the temple at a point half an inch distant from the outer margin of the orbit. After comminuting the zygomatic arch and the articulation of the lower jaw, the ball passed out through the external auditory canal. The left ear was deaf, the left eye blind, and the vision of the right eye much reduced. At the end of August the patient was brought to Tübingen, and since that time he has remained in the reserve hospital of this place. From the history of the case, I learned that at first there were symptoms of meningitis, which subsided. Small pieces of bone and fragments of the bullet were discharged from the wound from time to time. Subsequently, he had a slight attack of erysipelas, consequent on an operation. On the 2d of January I first saw the patient, who was then fully convalescent. The anterior wound was closed. The cicatrix, extending toward the outer orbital margin, was adherent to the bone, but did not materially affect the position or movement of the upper lid. The wound upon the lid had healed. There was considerable hypertrophy of the left cheek. The opening of the wound was situated in the auricle, just above the external auditory canal. From this opening there was a slight purulent discharge, and on introducing the sound it could be passed forward to a depth of an inch and a half, where denuded bone could be felt. The patient's general condition was good.

In the left eye there was but a slight quantitative perception of light. As the patient stood in front of a bright window, by holding the hand in front of the eye and removing it again, the difference between light and darkness could be detected. At a distance of a foot, however, from the window this was no longer possible. In a darkened room the light of a brightly burning lamp could be appreciated at a distance of a few inches. Upon carefully closing the right eye, the pupil of the left reacted very slightly to light. In the left eye the patient suffered from very frequent subjective appearances of light; vertical black lines seemed to hang before this eye, and sometimes bright phosphenes crossed the field of vision.

The acuity of vision of the right eye was reduced to about one-fourth. The patient could read Jaeger No. 5, when held close before the eye. It was impossible to read even a larger type continuously; for in a few minutes the eye became fatigued, and

* *Centralblatt für die Med. Wissenschaften*, 1870, No. 53.

subjective appearances of light, which were awakened in the left eye, disturbed the visual act. Although the condition of the right eye had of late been much better than it was for several months after the receipt of the wound, still the patient could not use it continuously, and was incapacitated from doing his work as a weaver. There was marked concentric limitation of the visual field.

Externally, there was very little abnormal about the appearance of the eyes. The left pupil was somewhat larger than the right, and sluggish. The iris of both eyes was gray; that of the right at one portion was brown, but presented the same appearance that is so commonly found in congenital difference of color. Still the patient was firmly of the belief that this discoloration was a consequence of the wound. The ophthalmoscopic examination of the left eye showed on the lower portion of the anterior surface of the cornea two small, dark points. The vitreous humor was not entirely clear, causing a slight cloudiness in the appearance of the optic disk. Near the papilla in the posterior portion of the vitreous was a small spindle-formed body, of a grayish-blue color. The peripheral portions of the fundus appeared normal, the retinal veins somewhat injected. The optic disk was slightly reddened, and on its centre along the central vessels were several white striate opacities. The large vein that passes upward to the papilla was concealed by a whitish opacity over its whole course, except at the point where it penetrates the optic disk. The central artery and its principal branch, directed downwards, appeared for a short distance enveloped, as it were, in fine, white, glistening lines. The zone immediately around the papilla was slightly opaque, but the outlines of the disk were not obscured. All of these changes were slight, but in the upright image became more manifest. The appearance of the fundus of the right eye was much the same as that of the left. In the posterior portion of the lens was a small black point, the nature of which was not entirely clear, although one involuntarily thought of a grain of powder. The lens was not as transparent as the youth of the patient might have led one to expect. The optic disk had the same appearance as that of the left eye, save that the whitish opacities here obscured the arteries rather than the veins. In the centre of the disk was a sharply defined physiological excavation, over the edges of which the vessels curved.

On the papilla of the left eye there was but a trace of such an excavation.

It is impossible to imagine precisely how the chassépot-bullet, coming with full force as it did, affected the eyes. Certainly neither the right eye nor the left was struck by the projectile, and the loss of vision must have been caused by the shock which the eye received from the bullet striking the bone and by the concussion of the air. It is not improbable, however, that several minute fragments of powder or dust were driven into the eyes, for in both of them are several small dark points that have all the appearances of foreign bodies. The spindle-shaped object in the vitreous humor of the right eye might have been an encapsuled foreign body. Still, the blindness of the left eye and the disturbance of vision in the right were by no means explained by the action of this slight direct injury. The inconsiderable changes in the optic nerve were the products of previous inflammation, which could itself have been of no great intensity. We are thus compelled to admit the existence of a functional paralysis, with no evident anatomical change. Accepting this view of the case, there seemed to be ground to hope for a recovery, or at least for an improvement of vision. The favorable color of the optic disk and the slight persistent pupillary reaction in the left eye encouraged this hope. My previous experience in the action of strychnine induced me to make a favorable prognosis. Still the great severity of the concussion and the nearly complete blindness of the left eye, which had already lasted a long time, led me to promise but a slight improvement in this eye. My expectations, however, were more than realized.

On the 5th of January, I began the treatment with an injection of .002 grm. strychnin. nitr. in the left supra-orbital region. Fifteen minutes afterward, a slight clearing up of the visual field of the left eye showed the commencing action of the drug. In half an hour the difference between light and darkness could be recognized when the patient stood at a distance of several feet from the window; the light of the lamp, that he had previously seen with this eye at a distance of only a few inches, he now recognized when held two feet off.

On the 6th of January, the patient stated that the evening before, he had been able to read more easily and with the book at a greater distance, and that the subjective sensations of light in the left eye were less annoying than before. I made then a *second*

injection (.0025 grm.) in the right temple. Half an hour afterward he could recognize daylight when standing at a distance of 4-5 feet from the window. The lamplight he appreciated when it was held $3\frac{1}{2}$ feet off.

On the 7th of January, the vision of the left eye had improved still more. The patient could see the light of a lamp when held at a distance of $4\frac{1}{2}$ feet; he could count fingers held close before the eye.

The *third injection* (.0027 grm.) I made over the left eyebrow. An hour after this, he could count fingers when held at a distance of $1\frac{1}{2}$ feet. The visual field was still very much limited. An examination with colored papers, none of which he had recognized the day before, showed a still greater progress. Yellow appeared to the patient a bright white, green seemed blue, and the other colors appeared black. A bright orange red was recognized as red.

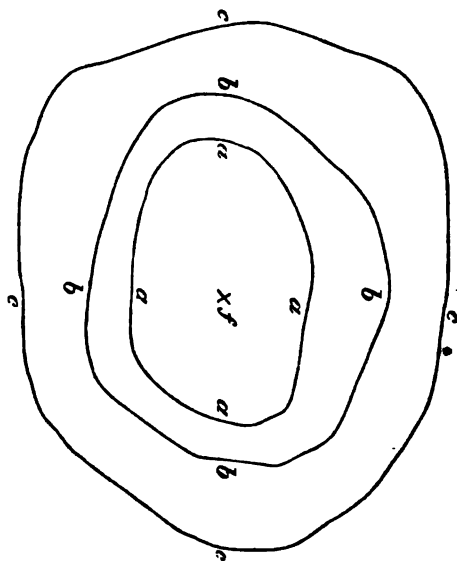
On the evening of this day, the improvement was greater still, but on the 8th of January the change was very marked. He could recognize the light of the lamp, held at a distance of 10 feet, and could count fingers at a distance of several feet. He could see the largest of Jaeger's test types, and with the aid of convex 4 he could make out words of Jaeger No. 15. The visual field was enlarged in every direction; ex-centric vision showed a corresponding improvement. I now made the *fourth injection* (.003 grm.) in the right temple, and in the course of the following hour he could read Jaeger No. 10, with the aid of a strong convex glass. He now recognized all colors. The vision of the right eye had improved, too. Without any glass, he could read with this eye, Jaeger No. 1, the acuity of vision being about $\frac{1}{4}$.

On the 9th of January, the improvement was still more striking. With the left eye, with convex 4, he could read Jaeger No. 1, to be sure with difficulty, and with the type held at a distance of a few inches from the eye; with convex 12 he could read Jaeger No. 3. Soon after the *fifth injection*, which was now made, he could read Jaeger No. 2 without any glass; in order to read No. 1 a convex glass was necessary. In a period of four days the acuity of vision had been brought up from a weak perception of light to the reading a diamond type! To be sure, the treatment was not yet completed; the vision was still reduced, and there was a pronounced concentric limitation of both visual fields.

On the 10th of January the *sixth injection* was made, and a subsequent improvement of vision was noticed. With the left eye

he could read, without any glass, Jaeger No. 1 at a distance of six inches. Weak concave glasses improved the acuity of vision for the distance. With -36 the patient could read Jaeger 21, when held at a distance of thirteen feet. In the right eye there was slight hypermetropia.

Up to this period, the treatment had caused no unpleasant symptom whatever. On 11th of January, however, as the patient complained of some sensibility of the left eye, no injection was made. On the 12th, as there was no complaint, the *seventh injection* (.003 grm.) was made. The acuity of vision of both eyes now improved. With the right eye, he could read Jaeger No. 15 at a distance of thirteen feet. Vision almost normal. With the left eye, Jaeger No. 18 at a distance of thirteen feet. Vision one half. The improvement of the peripheral vision was still more interesting. A careful drawing of the field of vision was made, both before and after the injection, and upon comparing these two it appeared that in the course of three-fourths of an hour, each visual field had become enlarged about 10° in every direction. The vertical diameter of the visual field of the right eye had increased from 51° to 64° , the horizontal diameter from 68° to 81° ; in the left eye the vertical diameter had increased from 33° to 54° , the horizontal from 56° to 69° . The figure shows the extent of the visual field of the left eye, both before and after the injection.



a a represents the size of the visual field before, and *b b* that after the injection. *f* is the point of fixation.

On the 13th of January, the following morning, the visual field had again increased

in extent (c o in the figure) and after the eighth injection, which was made on the same day, the vertical diameter of the visual field measured 100° , the horizontal 110° .

On the 15th of January the ninth injection was made, and was followed again by an increase in the extent of the visual fields, which now had reached their normal size. Moreover, the peripheral acuity of vision, which had been regularly improving, was now nearly normal. The patient could read Jaeger No. 1, when held at a distance of seven inches, and Jaeger No. 17 at twelve feet distance, and the treatment could fairly be regarded as over. I have no doubt, however, that the acuity of vision will still improve, and, judging from my previous experience, that the result attained will be permanent.

In conclusion, I would say that during the time that strychnine was used, the patient suffered from no unpleasant symptom, nor was there any disturbance of his general health. The treatment was attended with no discomfort, save once or twice there was a little sensibility of the left eye and a feeling of pressure in the forehead, which soon passed away.

The treatment had no effect upon the deafness of the left ear, a matter of no surprise, as the auditory nerve was in all probability injured through fracture of portions of the temporal bone.

Injuries of this kind are no rarity, and in the hope that others may profit by my experience, I have hastened the publication of this case. This result of treatment is not the first, but one of a considerable number, and serves as a warning to us not to dismiss such cases as incurable; and in view of the few remedies we have to combat such affections, it entitles strychnine to consideration as an agent easy of application and without danger in the hands of an intelligent physician.

COMPRESSION OF THE OVARIES AS THE CAUSE OF HYSTERIA.—The *Gazetta Medica Ital-Lombard* says that Dr. Chairon has traced hysteria to compression of the ovaries by inflammation or otherwise. This, he thinks, paralyzes the reflex actions of the epiglottis, and so narrows the opening of the larynx and thus gives rise to the feeling of suffocation. We fancy that we have previously heard a good deal about the connection of the diseases of the ovaries and throat, and that these observations only confirm what others have stated.—*The Doctor*.

VOL. VII.—No. 17A

Selected Papers.

FRACTURED RIBS IN INSANE PATIENTS.

By GEORGE J. HEARDER, M.D., Medical Superintendent, County Asylum, Carmarthen.

DURING the past year (1870), twenty deaths have occurred in the Carmarthen Asylum; and the following notes have been made regarding the state of the ribs and sternum in each case:

In ten instances the bony frame of the chest was in a moderately healthy condition; in the remaining nine an abnormal and diseased state was found to exist.

1. E. H., aged 61, female. Dementia. Ribs thin, soft, and very easily broken by the fingers.

2. W. M., 61, male. Chronic mania. The ribs were soft; greatly deficient in inorganic matter; easily bent to a right angle; and the fracture thus caused was imperfect, the periosteum remaining uninjured, no displacement of the bone at the seat of injury taking place, and no crepitation being elicited by ordinary manipulation. While removing the sternum it broke across at the level between the second and third ribs. The compact structure forming its surface was very thin and brittle; the cancellated portion was soft and spongy, and easily crumbled between the fingers, while parts of it were broken up and mixed with sanguineous pus. This man's sternum could readily have been fractured during life by pressure with the palm of a hand, or even by the point of a finger. The ribs were easily cut by an ordinary knife.

3. P. B., 68, male. Dementia with paralysis. Ribs very soft; easily broken, *in situ*, by slight force with a finger and thumb. Character of fracture the same as in the last case.

4. M. P., 36, female. Puerperal mania. Her ribs were in an abnormal state, thin and soft, and could be readily broken by the fingers. After removing the sternum and thoracic viscera, a rib was broken in the presence of one of the Carmarthen surgeons. The sternal end of the broken bone was supported while he examined carefully the outside of the chest; yet, though he knew exactly the position of the fracture, he was unable by manipulation to detect crepitation or any other sign of its existence. I mention this to show the difficulty, or rather the impossibility of detecting fracture of the ribs in certain cases occurring

amongst the insane. The notes on case 6 also bear on this point.

5. C. M., 70, male. Dementia. The sternum and ribs were greatly deficient in inorganic matter; and the ribs could easily be bent to right angles.

The character of the fractures produced in the above five cases were identical.

6. A. W., 69, female. Dementia. Two surgeons from Carnarthen witnessed the post-mortem examination. The sternum broke across, between the second and third ribs, during removal. Its structure was similarly changed as in case 2. The ribs were very soft, and easily broken by the thumb and forefinger. The walls of the chest were scarcely more resistant than a sheet of ordinary card-board. A portion of a rib from this patient was submitted to Dr. Dyster, one of the visiting magistrates of this asylum, and he reports as follows: "I have carefully examined the portion of rib you sent me. It appears to be of about the strength of stout card-board, and I apprehend would be fractured with as little difficulty. I do not see that there would be any means during life of detecting such a fracture without the use of such violence—or say force—as would be likely to produce it, if it did not already exist. I think the bone you sent me might be fractured by a very trivial cause—say falling suddenly against a table at which the person was seated, or any trifling accident of such a nature."

7. W. E., 56, male. Chronic mania. Ribs very fragile, and, with scarcely an exception, had all been fractured at various times. Each fracture was united by firm bony structure. The pleuræ were healthy.

8. H. G., 52, female. Acute mania. The sternum broke across during removal at the level between the second and third ribs. The surfaces of the bone were very thin; the cancellated structure at the seat of fracture was partially absorbed, leaving a cavity which contained unhealthy pus. All the ribs were thin, narrow, and broke with very slight pressure between the thumb and forefinger.

This patient had been in the asylum only about a month; and during the whole of that time had been very restless and excitable, and had frequently bruised herself by knocking her head against the wall, and in other ways. During the morning of the day of her death her restlessness and violence were such as to require the constant and undivided attention of two attendants. She died suddenly, and a coroner's inquest was held to ascertain the cause of her

death. The examination of the body was made by Mr. Rowlands, F.R.C.S., of Carnarthen, who has made remarks of considerable value as to the state of her osseous system. They are as follows:—"I wish now to draw your attention to the following discovery I made whilst conducting the examination. In opening the chest and lifting up the sternum (the clavicles had not been disarticulated from it) I was surprised to find the bone at its junction to the upper piece bending and slightly cracking, rather than snapping asunder, as it usually does; and from the cracked surfaces about a teaspoonful or more of thick, red, grumous matter issued. I then exposed the ends, and found them soft and spongy. I next examined the conditions of the ribs, and was not a little astonished to find, upon bending them, how easily they broke. I tried four or five of the upper ribs on both sides, beginning at the third, and they all broke much in the same way, with very little force. The ribs were thinner and darker than natural, and the fractured ends had not the usual spicular appearance. Each rib bent first, and then gave way much like a piece of mill-board. I am convinced that if much restraint had been required for this poor woman, very little force, over the chest, would have sufficed to crush it in. The subject of broken ribs at asylums calls for, I think, especial inquiry; so many cases having lately occurred at different asylums that much uneasiness has thereby been created in the public mind, and has led to the belief that the poor creatures, who are placed in those institutions, do not receive the kind and gentle treatment they are entitled to; and that the supervision is left too much to those who have but little interest in their welfare, and who resort to physical rather than moral force to restrain the obstinate and refractory, and in their (the public) opinion the broken ribs are thus accounted for. Is it not possible and even probable that the diseased condition of the brain in insane persons, may have some influence on the nutrition of bone? The state of this poor woman's bones would certainly lead to that conclusion. It is a subject worthy of grave consideration and diligent investigation."

Observation of the nature of the fractures produced in the above eight cases has convinced me that had any of the ribs been broken during life the injury could not have been detected before the post-mortem examination was made. As regards treatment, however, this is no drawback, there being no displacement, and no complete

solution of continuity, the necessity for employing a bandage is not urgent, and its absence cannot be prejudicial. Of course I do not mean in the smallest degree to insinuate that a bandage should not be applied if a fracture is discovered, or even if there is reasonable ground for supposing it exists.

In three cases there was disease of the sternum; and it is worthy of note that the abnormal condition was most marked at the same point, the level between the second and third ribs, in each case. Had a very small amount of force been applied over the chest of either of these patients during life a fracture would certainly have been caused; and the diseased condition would then, doubtless, have been attributed to the injury, and probably some innocent and worthy attendant held up to general opprobrium, or even, in the present morbidly excited state of public opinion regarding asylums, tried for manslaughter or murder.

9. The last case I have to remark on, the first which attracted my notice to the subject under discussion, has already occupied a large share of public attention.

On observing the fractured ribs in the case of Rees Price, I at once jumped to the conclusion that the injuries must have been caused by great violence applied to his chest by some persons or person other than himself; and that the pleurisy from which he had suffered was a result of the injuries thus produced. Further consideration of the facts of his case, viewed in the light of the results obtained from subsequent post-mortem examinations, affords evidence that both these conclusions are likely to be erroneous.

It is much to be regretted that the condition of the bones, as regards their fragility, was not carefully observed; yet, I imagine, sufficient facts can be adduced to prove that they were in a normal state. It was ascertained that there was no laceration of the soft textures at the seat of injury, no extravasation of blood, and no formation of callus or of pus. Further, that the fractures were all incomplete, the motion in each bone being that of a simple hinge; there was no displacement; and even after the removal of the sternum, no crepitus could be produced by manipulation. Can it be supposed that eight ribs of normal consistence could be fractured without causing such an amount of injury to the surrounding soft parts as would necessarily be indicated by sanguineous effusion?

The injuries were doubtless caused by force applied over the front of the chest,

bending the ribs, and increasing their natural convexity.

There is no evidence to show that this patient was subjected to violent usage. There is abundance of proof that he was extremely restless, and that he was unable to stand without assistance during at least a week before his death. If, then, it be admitted, from observation of the nature of the fractures, that his bones were in an abnormal and softened condition, it is possible, nay, even probable, that the injury might have been caused by a fall on some flat surface.

It is no unusual occurrence for patients, who are affected by cerebral softening, to suffer, during the last days of life, from broncho-pneumonia. This condition is not rarely complicated with pleuritis, and was so found to have existed in the case of Rees Price.

Inasmuch as I cannot see how injury to the bony case of the chest, which has been insufficient to hurt the immediate lining of the bones, should yet be sufficient to cause inflammation of the subjacent membrane, it appears to me probable that the intra-thoracic disease, which existed in this case, was caused solely by defective nutrition of the parts affected.

If this case, as I believe, was another instance of the softened condition of the bones of the insane, then nine out of twenty examinations have resulted in the discovery of a markedly diseased state of the osseous system; and it is to be observed that this condition is not confined to any form of disease, or to any particular age, and that it is found to exist in both sexes.

Much unmerited odium has been lately cast on asylum officials; and for the misconduct of one or two the whole class has been condemned. To me it appears marvellous that such a state of the bones, as related in the above cases, should have existed in patients who were often highly excited and violent in their actions, without the occurrence of fractures; and it is certainly indicative of the very great care that must invariably have been exercised towards them by the attendants under whose charge they were placed.—*Journal of Mental Science*.

By special arrangement with the English publishers and editors, Messrs. D. Appleton & Co. have in preparation the works of the late Sir James Y. Simpson, Bart., in three volumes.

Medical and Surgical Journal.

BOSTON: THURSDAY, APRIL 27, 1871.

IMPORTANT CHANGES IN THE MEDICAL DEPARTMENT OF HARVARD UNIVERSITY.

OUR advertising columns have already laid before our readers the details of a movement, long contemplated by the Medical Faculty of the University, which cannot fail of being of great importance to the cause of medical education; as such we are confident it will be hailed with pleasure by those members of the profession who seek its true advancement. In this light it marks a new era in the history of American medicine, and gives a value to the medical degree which it has never yet known in our country.

The excellent introductory address of Dr. White before the medical class last November, foreshadowed changes which had long had a vague existence in the minds of the profession; it was simply the echo of active thinkers in the schools of the old world; it was the laying out of a plan which the constant progress in medical education is forcing us to. The intelligent recognition of these advanced views by the Faculty we are sure will place our University where she belongs—on a level with the best of the foreign schools and inferior to none of those in our own land. We beg our readers will turn to our STUDENT'S NUMBER and give the address in question a careful re-perusal.

"In the first place we should be able to systematize our instruction, now wholly impossible when individuals may begin their studies at all times. * * * We should equalize the value of our degrees. * * * Now Harvard University puts the same stamp of approval and warranty on both. And we should enhance the value of our degree a hundred fold. As it became known that this school had ceased to compete with others in a system so well adapted to make the most rather than the best physicians, that it required a certain preliminary training before it received students, and kept them long enough to educate them thoroughly before it let them go, and that its degree meant something quite apart from that of other schools, this certificate

from the oldest university in the country would be sought by the best class of students from all parts, as is that of its other departments, and its graduates would at once assume a distinctive position in the profession. This would force the best existing schools in turn up to a higher level, and thus the character of medical education would be gradually rescued from its present deplorable condition. Such, I believe, would be the happy results of such a reform."

The suggestions of Dr. White, in these few words, give the key-note to the changes which have been instituted. In the practical carrying out of the plan, we look for changes—not only in this University, but in all the medical schools of the land—which will give added dignity to the profession and make its degree truly one of honor.

In brief, medical education in Harvard University is to be thoroughly systematized and its standard elevated; and the attainment of a degree is to be determined by rigid examinations at stated periods, which will *compel* a more thorough preparation for the responsible duties of the physician.

In previous years the only actual requisite for a degree was that the student should have studied medicine for three years and attended two courses of lectures, one of them in Boston. A man may have spent the larger part of his time on a farm or in a workshop; he may or may not have had a preliminary literary education; he may or may not have attended the lectures of which he held the tickets. It was in fact only requisite that he pass the lenient examination of the Faculty, and he was at once launched into the world a doctor of medicine. Hitherto the University has taken *on trust* that the requirements of study have been fulfilled; it now refuses to grant its degrees unless, by an acquaintance with the student for at least a year, by constant provings of his knowledge by rigid examinations, and by a final examination of a character not hitherto essayed, it *knows* the student to be fitted. *Quos idoneos scio*, we are sure, will have a new emphasis in the mouth of the Head of the University when he presents such students to the Corporation for their approval.

The School is to be organized in three classes, and prescribed recitations, practi-

cal exercises and lectures will be pursued by each successive class. The course of study will be as follows:—

For the first year—Anatomy, Physiology and General Chemistry.

For the second year—Medical Chemistry, Materia Medica, Pathological Anatomy, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

For the third year—Pathological Anatomy, Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

It is optional with students to continue in the school for three years, but at least one *must* be spent here. During each year oral and written examinations will be held in the branches studied; to join the class of the second or third year, a satisfactory examination must be passed in the studies of preceding years. The regular examinations will be held in the following order:—

At the end of the first year—Anatomy, Physiology and Chemistry.

At the end of the second year—Medical Chemistry, Materia Medica and Pathological Anatomy.

At the end of the third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

Such a thorough organization in the curriculum must necessarily give to the medical student the *opportunity* to go over the whole ground of medicine; it will not leave him uncertain where to begin and what to study, or in doubt of his own practical ability to enter on the duties of the profession. In this way only can the suggestion be carried out to systematize medical education.

Finally, we note, with pleasure, the requirements which the Faculty will insist on before granting the degree of Doctor of Medicine: such a period of study here in the school itself as shall acquaint the Faculty with the true value of the student's capabilities, and such examinations, at intervals and finally, as shall prove him to have profited by the instruction given. The University, by these changes, throws off the imputation of seeking to turn out a large number of doctors; on the contrary, it has the honorable distinction of leading the van among American medical schools in substantially elevating the standard of education. It

will send forth medical men inferior to none in the land, and will receive the respect of the profession both at home and abroad.

THE BRIGHTON BUTCHERS.—We make extracts from an article in the Boston *Daily Advertiser* on a subject which is of great interest to the residents of our cities and large towns. The sluggishness of the popular mind, when matters of public health and hygiene are in question, certainly needs amendment:—

“Although some discussion was excited by the publication of Dr. Derby's observations at Brighton two years ago, and the legislature went so far as to authorize the formation of an abattoir corporation, the long-suffering public was not aroused to a sense of the danger, and the indisposition of the butchers to reform their slaughtering system defeated the efforts of the gentlemen who endeavored to remedy the existing evils. Nothing but a catastrophe, it seems, was capable of fastening public attention upon the evils of the slaughter-house system. The testimony at the inquest on the deceased butcher, coming from men engaged in the business, has produced an effect which the statements of outside observers never could have created. The abominations which were described, correctly and without exaggeration, in the first annual report of the board of health, are proved to be inherent to the present system of preparing the meat for market. A radical change in the method of conducting this business is now indispensable. In the report referred to, the true and sufficient remedies for the evils which Dr. Derby described was pointed out, and it is hardly possible that their adoption shall be longer deferred. The report suggested as a means of reform, first, that the business of slaughtering should be concentrated by requiring that it be done in an abattoir, where every butcher should do his own killing and dressing, subject to such rules as health and humanity require. Secondly, the inspection of meats (as well as fruits and vegetables) in the Boston markets, in the same way that milk is now inspected, by competent persons, paid for the duty. These two provisions cover the whole ground, and if enforced would secure the protection of the public from the liability of purchasing unsound or unwholesome meat. The cruel treatment of the animals during transportation, which is the prime cause of most of the disease and in-

fection among the cattle, could not be reached of course by any local enactment. National legislation must be depended on for a reform in this respect. But by the construction of an abattoir it would be easy to prevent the slaughtering of any exhausted, maimed or diseased animals. All such animals would have to be kept until they were well, before being killed for food.

"As the business is now conducted it constantly happens that the cattle are 'killed to save them' from still greater loss or from death. Animals are very frequently received in an exhausted or dying condition, from the effects of having been trampled on in the cars, and from sickness contracted on the passage; and under the present system it is impossible to prevent the meat of diseased animals being sent to market, otherwise than by placing an inspector in each one of the forty or more slaughter-houses in Brighton. In no other way can the final disposition of a sick or dead ox be surely traced. Even a dead ox represents a certain amount of hide and tallow, and the man who takes him away, ostensibly to secure this value, may also send the meat to Faneuil Hall, for neither butcher nor doctor can distinguish such meat, in many cases, from that of an animal killed in health. A sick animal can be recognized; the meat of a sick animal very often cannot be recognized. Thus the people are at the mercy of the butchers. It is said that one butcher at Brighton has had a dray constructed for the special purpose of conveying animals that are too far gone to be able to walk from the cars to the slaughter-houses. A rich man may be able to pay prices that will provide him, through known butchers of honorable standing, with wholesome meat, but the poor, who must buy meat at moderate prices, or none at all, cannot surround their table with such safeguards, and are wholly unprotected. But whether rich or poor, there is no man who is obliged to patronize the markets that will not lift up his voice in favor of the change in the system which it is hoped is now about to be effected.

"The representations made by the State Board of Health to the legislature a year ago led to the passage of an act authorizing certain parties to construct an abattoir containing every needful provision for the public safety, but up to the present time the opposition of the butchers has prevented its establishment. It looks as if the erection of this building was not much longer to be deferred. Public opinion demands a change, and powerful influences are at work

to secure the needed funds for the organization of the corporation. It is no longer optional with the butchers whether an improvement shall take place. During the present session of the legislature a petition was presented from the authorities of Cambridge, Medford, Somerville, Watertown and Waltham, asking for the better regulation of slaughter-houses and other places where offensive trades are carried on. A bill was accordingly passed, containing stringent provisions, and giving the officers of the Board of Health ample power to regulate the obnoxious occupations. It was signed by the governor on the 8th instant, and furnishes a timely method for the regulation of the slaughter-houses. It is entitled 'An Act concerning slaughter-houses and noxious and offensive trades,' and its two most important sections are as follows:—

"SECT. 2. Whenever in any city or town containing more than four thousand inhabitants any building or premises are occupied or used by any person or persons or corporation for carrying on the business of slaughtering cattle, sheep or other animals, or for melting or rendering establishments, or for other noxious or offensive trades, the State Board of Health may, if in their judgment the public health or the public comfort and convenience shall require, order any person or persons or corporation carrying on said trades or occupations to desist and cease from further carrying on said trades or occupations in such building or premises, and any person or persons or corporation continuing to occupy or use such building or premises for carrying on said trades or occupations after being ordered to desist and cease therefrom by said Board, shall forfeit a sum not exceeding two hundred dollars for every month he or they continue to occupy and use such building or premises for carrying on said trades or occupations after being ordered to desist and cease therefrom by said Board as aforesaid, and in like proportion for a longer or shorter time: provided, that on any application to said Board to exercise the powers in this section conferred upon them, a time and place for hearing the parties shall be assigned by said Board, and due notice thereof given to the party against whom the application is made, and the order hereinbefore provided shall only be issued after such notice and hearing.

"SECT. 3. The Supreme Judicial Court, or any one of the justices thereof, in term time or vacation, shall have power to issue an injunction to prevent the erection, occu-

pany, use, enlargement or extension of any building or premises occupied or used for the trades or occupations aforesaid, without the written consent and permission provided in section one of this act being first obtained; and also in like manner to enforce the orders of the State Board of Health issued under section two of this act.'

"Here is power enough to purify Brighton, and it is understood that the officers of the Board will not be reluctant to make use of it, if public necessity requires. If the butchers see fit to make Brighton what it is capable of becoming by their own efforts, there will be no process of law. They will need to abolish their foul hog-pens, reeking with bloody offal, and tainting the air for miles around, and build a noble abattoir, with every provision for health and convenience, which shall give security to the consumers of meat, and be a model for other communities to imitate.

"Although the State Board of Health was, according to its original plan, an advisory and not an executive board, the character of its members furnishes assurance that they will fully carry out the instructions with which the present Legislature has provided them. What in the opinion of the board may be the requirements of 'public health or public comfort and convenience,' in connection with the business of slaughtering for the Boston market, can be readily ascertained from the first annual report, issued last year. The law of 1871, having been passed on the 8th of April, goes into effect on the 8th of May, so that the public need not expect to wait very much longer for the reformation of the slaughter-houses."

VACCINE DISEASE AND ITS TRAIN. *Messrs. Editors*,—The following extract from an editorial in the *London Medical Times and Gazette* for April 8th, 1871, page 397, rather startles some of us whose neighbors have been showing very, very sore arms:—

"No one of any authority that we know of has advocated the substitution of heifer vaccination for vaccination from arm to arm in this country."

Well, that comes from pretty near Miss Vaccinia's home. Let us think about it. The best way perhaps is to ask questions.

What has all the vaccine excitement been about?

Do physicians use any less caution in vaccinating than they did formerly?

Has the virus which they have been using lost its virtue by transmission?

Does the smallpox, or the scarlet fever,

or the measles, or syphilis lose its virtue by frequent transmission?

Is vaccinia an exception in the list of contagious diseases?

If not, why resort to the cow for a supply, that surely makes very sick arms?

Is it for fear of transmitting humors, if we use the humanized lymph, that the cow lymph is preferred by some?

If so, do we not also run the risk of inoculating some of the humors of the cow, or of the horse?

How about the foot and mouth disease, said to exist to such an extent that Mrs. Smith won't eat beef? Can that be transmitted to our darling little ones?

Horsepox, cowpox, manpox. Can these be passed from man to man and the last alone retain its force?

Can the horse-pox be passed from cow to cow and from man to man, and while it poisons with human humors never give to our precious babes the glanders nor the rotten hoof?

I think, friend B., that for the present I shall use the humanized vaccine virus of the best stocks, which I think can be got from almost any of our brethren for the asking.

QUESTIONER.

NEW HOT WATER APPARATUS FOR HOSPITALS, &c.—A new system for a continuous supply of hot water and hot air has just been patented by Messrs. Comyn, Ching and Co., of Long Acre, which consists of a small, tubular boiler, eleven inches square, and two and a half inches deep, fixed at the back of an ordinary stove communicating with a large conjunctive boiler placed at any convenient adjacent position. A pipe from the house cistern conveys cold water into the conjunctive boiler, whence it rapidly circulates through the tubular boiler, returning at once thoroughly heated to the conjunctive boiler, at a higher level than that of the incoming cold water, the pressure of which forces the hot water all over the building by means of an ascending pipe that can be tapped at any part of its length. The unused hot water returns by a third pipe to the conjunctive boiler, whence it again passes through the tubular boiler and recovers the heat it has lost in its passage through the house. Its constant circulation is thus kept up by the pressure of the cold water contained in the house cistern. Should this become empty, the cessation of pressure prevents any water from leaving the conjunctive boiler which always remains full, thus avoiding all risks of explosion.—*Dublin Med. Press and Circular*.

Medical Miscellany.

MIDDLESEX SOUTH DISTRICT MEDICAL SOCIETY.—At the annual meeting of this Society, held April 19th, the following officers were elected for the coming year, viz.:—*President*, Howland Holmes. *Vice-President*, T. P. Robinson. *Secretary*, C. E. Vaughan. *Treasurer*, J. W. Willis. *Supervisors*, Alfred Hosmer, W. W. Wellington, B. F. D. Adams. *Commissioner on Trials*, Enos Hoyt. *Councillors*, Morrill Wyman, A. Mason, J. Renton, G. J. Townsend, H. O. Marcy, H. Cowles, A. C. Webber, S. H. Hurd, J. C. Harris, S. Richardson, G. A. Warren, L. B. Morse. *Censors*, Z. B. Adams, A. W. Whitney, H. C. Chapin, H. P. Walcott, J. B. Taylor.

PRIZE ESSAY.—Dr. Lyman Ware, of Chicago, has obtained the prize of \$100 offered by the Alumni Association of the Chicago Medical College for his essay on "Antagonism between Opium and Belladonna." The Association again offers a prize of \$100, to be governed by the same rules as before. Of the above sum, Dr. N. S. Davis gives \$50.

MORPHIA AS A PARTURIENT.—In successive numbers of the *Chicago Medical Examiner*, Drs. Robson and Vance advocate the use of sulphate of morphia in parturition, considering its action similar to that of ergot, whether given in a state of natural or unnatural pregnancy. Dr. Vance found that, in cases of threatened abortion, the parturient throes were immediately increased and delivery was the result.

BEAR'S FLESH AT ROMAN DINNERS.—The bear was eaten by the Romans, but it is clear that it was considered a rarity, and not relished by everybody. In the famous narrative which Petronius gives of the dinner at Trimalchio's, he represents a man who had dined at another house dropping in to dessert, and describing the feast he had had at the house he had just left. "We had," he said, "a joint of bear, which my wife Scintilla was rash enough to taste, and almost vomited up her gizzard. On the other hand, I ate more than a pound of it, for it tasted like boar itself; and for my part, I say, that if bear eats man, man has a much greater right to eat bear."—*London Med. Times and Gazette*.

A NEW TEST FOR THE PHOSPHATES.—Dr. Heisch found that sugar was a very delicate test for water contaminated with sewage, its addition showing in a short time, with the aid of the microscope, some very characteristic fungoid growth. Dr. Frankland corroborates Dr. Heisch's results. But he has found that the presence of sewage matter alone in water is not sufficient to produce this singular result. It must be accompanied by the presence of some of the phosphates. He also finds that germs from the atmosphere in company with phosphates yield similarly formed cells. The conclusion therefore is, that though sugar is not a reliable test for sewage matter, it is likely to prove a wonderfully delicate indication of the existence of phosphates.—*Med. Press and Circular*.

TRACHEOTOMY.—Dr. T. Green has related the case of a little child on whom tracheotomy was agreed to be performed. The operation did not relieve the symptoms under which the child labored, and the child subsequently died. A *post-mortem* examination revealed that the *trachea had not* been entered, and the canula lay in front, and close to its rings. Dr. Green states that the surgeon who operated was expert, and a most experienced operator, but his method was to endeavor to pierce the trachea, by pushing a lancet through the *skin and coverings, right into the tube*. He had often done so previously, and the failure in this case may act as a warning in future.—*The Doctor*.

CORRECTION.—In our issue of last week we failed to credit the College Courant of New Haven the extracts made by it from the Philadelphia Press on the Purchase of Honorary Degrees; and to the American Journal of Syphilography and Dermatology the article on a case of Visceral Syphilis, translated by the Editor from the Archiv für Dermatologie und Syphilis.

PAMPHLETS RECEIVED.—Twenty-second Annual Announcement of the Woman's Medical College of Pennsylvania. 1871-72. Pp. 16.—On the Study of Dermatology. By Louis A. Duhring, M.D., Physician to the Dispensary for Skin Diseases, Philadelphia. Pp. 10.—Tenth Annual Report of the Board of Managers of the Woman's Hospital, of Philadelphia. Pp. 16.—Letters to "The Times" on Smallpox Encampments, and a Word on the Contagious Diseases Acts. By Surgeon-Major T. Atchison. London. Pp. 16.

Deaths in fifteen Cities and Towns of Massachusetts for the week ending April 22, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.	
Boston	91	Consumption	43
Charlestown	11	Pneumonia	29
Worcester	22	Scarlet fever	11
Milford	1	Croup and Diphtheria	10
Chelsea	11	Typhoid fever	6
Cambridge	10		
Salem	7		
Lawrence	5		
Springfield	7		
Lynn	10		
Fitchburg	4		
Taunton	5		
Newburyport	4		
Somerville	4		
Fall River	19		
Haverhill	5		
Holyoke	8		
	224		

Five deaths from smallpox are reported: three in Holyoke, one in Boston, and one in Springfield.

GEORGE DERBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, April 22d, 91. Males, 50; females, 41. Accident, 3—apoplexy, 1—bronchitis, 1—inflammation of the brain, 1—canker, 2—consumption, 20—convulsions, 2—croup, 1—debility, 4—diarrhoea, 4—dropsy, 2—dropsy of the brain, 2—diabetes, 1—diphtheria, 2—dyspepsia, 1—erysipelas, 2—scarlet fever, 2—typhoid fever, 1—disease of the heart, 3—hæmorrhage, 1—influenza, 1—disease of the kidneys, 4—congestion of the lungs, 3—inflammation of the lungs, 8—laryngitis, 1—marasmus, 4—ovariotomy, 1—old age, 1—paralysis, 1—pleurisy, 1—premature birth, 1—psoriasis, 1—syphilis, 2—smallpox, 1—unknown, 5.

Under 5 years of age, 33—between 5 and 20 years, 7—between 20 and 40 years, 25—between 40 and 60 years, 16—above 60 years, 10. Born in the United States, 66—Ireland, 15—other places, 10.

GRIMAULT & CO.'S PHARMACEUTICAL PRODUCTS,

Prepared with the most scrupulous care, under the immediate supervision of Prof. Leconte, M. D. Pharmacist of the First Class, Ex-Preparator of the course of Physiology, at the College of France.

E. FOUGERA, New York, General Agent for the U. S.

GRIMAULT'S MEDICINAL PEPSINE.

IN POWDER.

The therapeutical value of this Pepsine in all disorders of the stomach, resulting from the inability of this organ to digest and assimilate food cannot be over estimated. It is used daily with great success in *Dyspepsia, Slow and Difficult Digestion, Gastralgia, Debility of the Stomach*, from old age or from abuse of liquors, and in *Vomiting during Pregnancy*.

Physicians will please notice that GRIMAULT'S PEPSINE may always be relied upon. Its digestive power, being physiologically tested by Mr. Leconte, late assistant to Claude Bernard, is always the same.

DR. LERAS' PHOSPHATE OF IRON,

In Solution, Syrup or Sugar Coated Pills.

A pleasant combination of Pyrophosphate of Iron and Soda, colorless and tasteless. It is readily assimilated and used with great success in *Chlorosis, Anæmia, Dysmenorrhœa, etc.*, replacing all other ferruginous preparations. It never causes constipation.

SYRUP OF HYPOPHOSPHITE OF LIME,

DR. CHURCHILL'S PRESCRIPTION.

Prescribed by the most distinguished physicians for *affections of the lungs, Phthisis, etc.* Each tablespoonful contains two grains of the pure hypophosphite.

Also Syrup of Hypophosphite of Soda, of Iron, and of Manganese.

IODISED SYRUP OF HORSE RADISH.

A pleasant substitute for Cod Liver Oil, prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodine, so intimately combined as to be insensible to the action of starch.

GRIMAULT'S INDIAN CIGARETTES.

Prepared from the Resin of Cannabis Indica.

Asthma, Bronchitis, Loss of Voice, and other affections of the respiratory organs, are promptly cured or relieved by the use of these cigarettes.

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Prepared from the *Paulinia Sorbilis* of Brazil. It is a sovereign remedy in *Headache, Neuralgia, and Diarrhœa*.

GRIMAULT'S MATICO INJECTION AND CAPSULES.

A new preparation of the leaves of Matico, of more certain effect than most of the medicines recommended for the same class of diseases. The capsules contain the essential oil of Matico, combined with the balsam of Copaiba, and do not cause any unpleasant eructations. The injection is prepared with distilled water saturated with Matico.

GRIMAULT'S SYRUP OF PERUVIAN BARK AND IRON.

This new combination unites, in a small volume and an agreeable form, two elements which have never before been blended—Red Peruvian Bark, the best of tonics, and Iron, which forms the base of the blood. It is especially suitable for lymphatic or delicate persons, and in all cases for which Bark and Iron are usually prescribed.

Digestive Lozenges and Powders of the Alkaline Lactates.

(SODA AND MAGNESIA.)

Of BURIN Du BUISSON.

The researches of Dr. PETREQUIN, Prof. at the School of Medicine of Lyons, aided by M. BURIN Du BUISSON, the eminent chemist, have established beyond a doubt the special *Adaptation of the Alkaline Lactates* to the treatment of functional diseases of the digestive organs. These preparations will be found very beneficial in *imperfect and laborious digestion, heartburn, gastralgia, loss of appetite, nausea, distention of bowels and stomach*. They are more certain and less irritating than Calomel, Magnesia, or preparations having Charcoal, Bismuth, or bicarb. of Soda for their basis.

DIGESTIVE LOZENGES AND POWDERS OF THE ALKALINE LACTATES WITH PEPSINE.

These are prescribed in certain cases when the digestive powers are deranged, weakened, or null.

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The superiority of combinations of the *Salts of Iron and Manganese* over those of Iron have been fully established by the experiments of Dr. Petrequin. The following *Ferro-manganic Preparations*, approved by the Imperial Academy of Medicine of Paris, have been originated by Mr. Burin Du Buisson in accordance with these experiments, and are confidently recommended to the medical profession as replacing advantageously all medicines having iron as their base, especially in *chloranæmia, chlorosis, and all affections caused by the poverty of the blood*:

Ferro-manganic Powder, for effervescing water.
Carbonate of Iron and Manganese Pills.
Syrup of the lactate of iron and manganese.
Dragees of the lactate of Iron and manganese.

Syrup of the Proto-Iodide of Iron and Manganese.
Pills & Dragees of the Proto-Iodide of Iron & Manganese.
Manganous Iron reduced by hydrogen.

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Elixir Calisaya Bark, Ferrated Elixir Bark, Elixir Bark, Iron and Bismuth, Elixir Valerianate Ammonia, Elixir Valerianate Ammonia and Quinine.

Bitter Wine Iron, Syrup Codeine, Syrup of the Hypophosphites, Compound Syrup of Phosphates (Chemical Food), Syrup of the Phosphates of Iron, Quinia and Strychnia, Fluid Extract of Sumbul or Musk Root.

Deodorized Tincture Opium, Solution Bismuth, Styptic Colloid, Benzoinated Zinc Ointment, Savin Cerate, U.S.P., Stramonium Ointment, U.S.P., Rhigolene, Medicated Suppositories for Rectum and Vagina, together with a full stock of all the usual pharmaceutical preparations.

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Ozonic Ether, or Etherial Solution of Peroxide of Hydrogen, Chlorodyne, Narceine, Bimeconate Morphia, Tinct. Meconiate Morphia, Apioi, Chlorate Quinia, Sulphate Nickel, Solution Glonoine, Extract Cotle-don Umbilicus, Salts of Lithia, Oil Male Fern, Kamala (Rottlera), Koussou, Extract Calabar Bean, Calabar Bean Gelatine, Atropine Gelatine, Iodoform, Protein, Pancreatine, Pancreatic Emulsion, Pepsine Porci, Pepsine, Pepsine Lozenges, Wine and Elixir, Papaverine, Saccharated Wheat Phosphates, Savory & Moore's Liebig's Food for Infants and Invalids, Granular Effervescent Preparations, Citrate Magnesia, &c., Albespeyres' Blister, Tela Vesicatoria, Liebig's Extract Meat, in 2, 4, 8 and 16 oz. pots.

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Carefully prepared only from fresh and healthy Livers.

DR. J. C. B. WILLIAMS, Consulting Physician to the Brompton Hospital for Consumption, after an experience of over forty years in the treatment of Consumption, during which time he treated more than twenty thousand cases, says, in the *London Lancet* for 1893:

"The great remedy, more essential and more effectual than any other, is COD-LIVER OIL—the pure, pale oil, simply extracted from the fresh, healthy liver of the fish; and I have no hesitation in stating my conviction that this agent has done more for the consumptive than all other means put together, and so far is this remedy from having 'had its day and gone out of fashion,' that, in my experience its usefulness and efficacy have gone on increasing in proportion to the greater facilities for obtaining it in a pure state.

"Here is the remedy—the only one worthy of the name—which, if carefully and faithfully used, may arrest and cure the disease, and is pretty sure to retard it and prolong life more than any other known means.

"The average duration of life in phthisis has, during my experience of forty years, been quadrupled or raised from two to eight years. Cod-Liver Oil surpasses all other oils and fats, in the facility with which it forms emulsions, which are tolerated by the stomach and readily absorbed into the blood, without causing the nausea and bilious derangement that commonly result from an excess of fat food.

"The use of Cod-Liver Oil should be continued for a long time—perhaps for months, or even years."

In conclusion, he says that, "Under careful treatment life may be prolonged for many years in comfort and usefulness, and in not very few cases the disease is so permanently arrested that it may be called cured!"

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In 1, 4 and 8 oz. bottles.

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BOSTON, OCT. 1870.

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Oct 20—emlj.

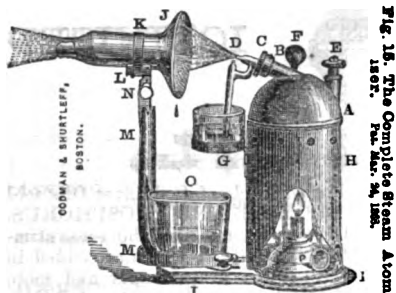
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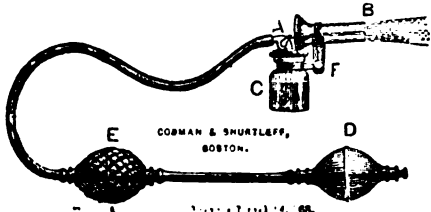
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S8—1y.

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Jy 18—tf

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Whole No. 2257. }
 Vol. LXXXIV. }

THURSDAY, MAY 4, 1871.

{ New Series,
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Apr. 20—

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JOHN WYETH & BROTHER,
PHILADELPHIA.

THE attention of Physicians is solicited to our more recent Pharmaceutical Preparations. Our facilities for manufacturing enable us to offer these preparations at a less rate to Physicians and Druggists than they can be prepared for, except on a very large scale. They are made with scrupulous exactness, and are in every respect identical with what we dispense over our retail counters. They will be supplied by the leading Druggists in all our large cities, or we will send samples to Physicians, with price list free of charge.

SYRUP CHLORAL HYDRATE.

CHLORAL has been used largely in this city, with almost uniform good results, as a speedy and reliable soporific. The experiments conducted by many of our leading practitioners have established a like experience with that of the profession in Germany and France, viz., that in moderate doses it produces sleep almost instantly, without occasioning the torpor, disagreeable sensations, and other objectionable results of opium, and kindred narcotics. We feel confident CHLORAL will maintain a high rank among the reliable hypnotics.

Recent experiments have conclusively proven that the conjoint use of Nux Vomica, Ignatia Amara and consequently Strychnia, are contra-indicated, as they completely neutralize the sedative effect of Chloral. It is even claimed as an antidote for Strychnia, but we hesitate to endorse so absolute a statement.

We prepare a Syrup representing five grains of the CHLORAL HYDRATE to the fluid drachm.

It is pleasantly flavored so as to be acceptable, and is perfectly free from Chlorous Acetylene, Chloride of Carbon, and other incidental products, often found in the commercial Hydrate.

JOHN WYETH & BROTHER,
1412 Walnut St., Philadelphia.

ELIXIR BROMIDE SODIUM.

WE ask the attention of Physicians and Apothecaries to the advantages claimed for BROMIDE SODIUM over the Bromides of Potassium and Ammonium.

The taste, when perfectly pure and free from Iodine, is almost identical with that of common salt, which being familiar to all and disagreeable to few, will recommend it to patients to whom the taste of the other Bromine combinations are specially unpleasant.

Having Soda as its alkaline base, it is more readily absorbed into the system—more quickly assimilated, and consequently acts more directly upon the animal economy than any Salt of Potassa can do. Physicians, who have experimented with it, claim that its continued use does not occasion the irritation of the stomach and nausea often produced by Bromide Potassium. Neither have they found the same tendency to produce redness of the skin, external irritation and eruption. This Bromide, weight for weight, contains about eleven per cent. more Bromine than the Bromide Potassium; a fact which should be borne in mind in its application.

So similar is it in taste to common salt, that it may be given in the patient's food, in flavoring soup, &c. &c., without detection.

We manufacture this Salt with special care for medicinal use, which we offer to the trade at a cost but little in excess of that charged for Bromide Potassium.

We also prepare an Elixir, which is an elegant and agreeable mode of administering it; each teaspoonful or fluid drachm of which represents five grains of the Bromide Sodium.

JOHN WYETH & BROTHER,
Philadelphia.

VINUM CIBI ET FERRI.

Extract of Beef, Citrate of Iron and Sherry Wine.

As a Nutrient Tonic and Mild Stimulant, this combination has proved especially efficacious in many cases of enfeebled digestion, loss of tone and vigor, impoverished blood, and in the many ailments consequent upon general debility. It is prepared with great care from selected beef, one third of which has been partially roasted to develop the osmazome; thus rendering it more grateful to the taste and less apt to occasion disgust from continued use.

We claim and believe that our Extract of Beef is superior to any offered to the Medical Profession or to the public, and it is used in this preparation.

Each fluid ounce represents two ounces of fresh beef and four grains of Citrate of Iron in one ounce of Pure Sherry Wine.

ADULT DOSE.—One tablespoonful three or four times a day, between meals, or when fatigued and exhausted. The dose for children should be graduated according to the age.

SYRUP LACTO-PHOSPHATE OF LIME.

Phosphate of Lime has been universally recognized as a remedy of great value in the various forms of Scrofula, in Phthisis, and in the diseases dependent upon Defective Nutrition.

The disappointment which frequently follows its employment, due most probably to an inability on the part of the system to appropriate the materials supplied by Phosphate of Lime, has led to a search for means to secure its absorption; and this has been best accomplished by its combination with Lactic Acid, in the form of a Lacto-Phosphate of Lime.

M. Dusart, the eminent and conservative French Physiologist, who, after long continued and exhaustive experiments, has tested it thoroughly, is satisfied that it supplies the want recognized in the simple Phosphate, and believes that its definite action and powerful effect will soon cause it to rank with Bromide of Potassium and Hydrate of Chloral, as one of the most valuable of the new preparations which have lately been brought before the Medical Profession.

Its use in the French Hospitals demonstrates that it exceeds all agents tried in stimulating the functions of nutrition. All who have used it unite in advocating its special adaptation and value, when given to children and infants, where these functions are so often deficient.

We prepare this salt from the formula most approved by the French Chemists, and manufacture from it a syrup pleasantly flavored, which contains two grains of Lacto-Phosphate of Lime in each fluid drachm.

DOSE.—Adults should take a dessertspoonful two or three times a day; children, a teaspoonful, and for infants the dose should be graduated according to age.

TASTELESS COD-LIVER OIL.

The value of Cod-Liver Oil is so generally recognized, and has been used so long as a popular remedy with gratifying results, that it is needless to repeat what is so well known to every Physician as to its therapeutic value, or the special diseases in which it is indicated. To many invalids Cod-Liver Oil in its natural condition and as usually dispensed, is so distasteful that they are unable to take it, and are consequently denied the benefit of a remedy combining both nutriment and remedial properties to an unusual degree.

To obviate this objection, we have for some years prepared our Pure Cod-Liver Oil in the form of an emulsion, so perfectly disguised as to be given readily to Children and Adult Patients hitherto unable to take the oil even in minute doses.

ADULT DOSES.—A tablespoonful three times a day. Children in proportion to age.

TASTELESS COD-LIVER OIL.—Ferrated.

Physicians frequently wish to administer Iron with Cod-Liver Oil; as the majority of patients to whom the Oil would prove serviceable derive benefit from some Salt of Iron that would be readily assimilated. It is generally believed that the efficacy of all Iron Preparations is much enhanced when given with Cod-Liver Oil or some similar nutrient, for which reason the Profession invariably prescribe chalybeates at meal time. To each teaspoonful of our Tasteless Cod-Liver Oil we add one grain of Pyrophosphate of Iron, which will remain in permanent solution. Children and Invalids, however fastidious, can take our Cod-Liver Oil prepared in the form of an emulsion without difficulty, being pleasantly flavored and perfectly disguised.

Adults should take from a dessert to a tablespoonful three times a day. Children in proportion to age.

JOHN WYETH & BROTHER,
1412 Walnut Street, Philadelphia.

A VALUABLE REMEDY.

Dr. HAYDEN'S Successful Prescription for
DYSMENORRHOEA,
AND ALL PAIN OF THE STOMACH AND BOWELS.
A Powerful Anti-Spasmodic and Nervine.

The Saturate of Viburnum Compound.

PREPARED from the original formulae of W. R. Hayden, M.D., of New York, by the New York Pharmaceutical Company, expressly for Physicians' Prescriptions.

The Company take special pleasure in asking the attention of the profession to Dr. Hayden's Saturate of Viburnum Compound, as they are confident it will meet with their warmest approbation, and be found to approach as near a specific in *Dysmenorrhoea* as any one medicine can, and that it is a more important addition to the physician's list of valuable remedies than the Hydrate of Chloral, or any of the various preparations which have been introduced to the profession since the discovery of anaesthesia. The Saturate of Viburnum Compound contains no preparation of opium or other narcotic, and may be administered freely without any unpleasant after-effects.*

The Viburnum Compound has been extensively employed for the past two years by physicians in New York, Boston, Providence, and many other places, with universal commendation from those who have employed it.

Prepared only by the New York Pharmaceutical Co. Laboratory, Bedford Mineral Springs, Mass.

Price, \$2 per pound.

Dispensed by all Druggists.

Physicians prescribing the Saturate of Viburnum Compound should be particular to write for "Hayden's."

* For formulae, see Company's Hand-Book of Hayden's Saturates (225 different kinds), which may be had free on application, by enclosing stamp for postage.

Price Reduced!

PHOSPHORUS PILLS.

HAVE proved to be a valuable remedy in the treatment of all diseases of the Brain and Nerve Centres, particularly *Lapses of Memory*, Mental Derangement, Paraplegia, Paralysis and Impotency—especially in the three last, and in all cases where there is a loss of Nerve or Vital Force.

The Simple and Compound Phosphorus Pills were first introduced to the profession five years since by this Company, they having procured the formulae from Dr. Hayden; and they prepare them strictly according to his directions. The Phosphorus Pills are now prescribed in almost every city and town in the United States and in many parts of Europe; and but few remedies have met with more approval.

The two following letters are a sample of over 160 received.

Meriden, Ct., Oct. 15, 1869.

Dr. Hayden,—Dear Sir:—I have used your Compound Phosphorus Pills the past six months, in a number of cases of Anaphrodisia, and in physical and nervous weakness caused by protracted influences injurious to the vital economy, and have been very much pleased with their effect. I have also used them with much benefit in inflammation of the prostate gland, and in affections of the spinal cord. I have used Phosphorus with Sugar of Milk, Glycerine, Sulphuric Ether, and Alcohol, also Phosphoric Acid, but I think your preparation in Phosphorus is far far preferable to others.

Respectfully, CHAS. H. S. DAVIS, M.D.

Howell, Mich., Sept. 2, 1870.

W. R. Hayden, M.D.—Dear Sir:—I am delighted with the Phosphorus Pills, and would rather pay twice their price than be without them. I have used them myself, and have been able to perform double the amount of labor that I should have done were it not for them.

Yours, &c.

W. L. WELLS, M.D.

Dr. G. Dujardin Beaumetz, of the Hospital de la Pitié, Paris, concludes, after an elaborate study of the action of phosphorus in locomotor ataxia, that—1. Phosphorus appears to have a favorable influence in progressive locomotor ataxia. 2. Phosphorus acts as an excitant and as a tonic to the nervous system. It returns to the nervous tissue an indispensable element. 3. The administration of Phosphorus should be commenced in small doses, one milligramme (about the 1-60 of a grain), and increased gradually until the dose of one centigramme (1-6 of a grain) is reached. The administration should cease when digestive troubles supervene.—*Bulletin General de Therapeutique*, Jan. 15, Feb. 29, March 18, 1868.

The Simple Phosphorus Pill consists of the one-hundredth of a grain of Phosphorus in Suet, Sugar-Coated. The Compound Phosphorus Pill the one-hundredth of a grain of Phosphorus and one quarter of a grain of *Nux Vomica*, in Suet, Sugar-Coated. The Compound is the most employed.

Put up in boxes of 100 each. Price, \$2 per 100.

Dispensed by all Druggists, or they will be sent by mail on receipt of price, by the N. Y. Pharmaceutical Co., Bedford Springs, Mass.

NOTE.—Physicians prescribing the Phosphorus Pills should be particular to designate whether *Simple* or *Compound* Pills are desired, and also to write for "Hayden's" Phosphorus Pills, as a firm in Philadelphia, having no sympathy with the GOLDEN RULE, have appropriated Dr. Hayden's original formula and language to their own use, in order to profit by the considerable sums of money paid to the various medical journals by this Company, in calling the attention of the medical profession to the value of the Phosphorus Pill. It is very questionable whether men who will stoop to such dishonorable transactions in business can be trusted to prepare medicine for the profession and the sick.

Mch. 16—17.

ELECTRICAL INSTRUMENTS.

Excelsior Electro-Magnetic Machines and Galvanic Batteries.

The Medical Profession is solicited to examine the valuable improvements in Electrical Instruments, patented Feb. 1, 1870, and manufactured by the GALVANO-FARADIC MANUFACTURING CO. The recent researches of European Scientists in Therapeutical Electricity has attracted the attention of the most intelligent physicians. Few can now dispense with Electrical Machines, although formerly abandoned, owing to their inefficiency and inconvenience. These inconveniences are now obviated. Our Instruments meet all the requirements of advanced science. They are the most elegant, powerful, and cheapest ever offered. Combine simplicity, range of effects, and facility of use. Always ready; require no preliminary preparation or assistance, no skill or experience, and will remain in operation an indefinite period. They produce the *primary* and *secondary* currents—the former in unequalled force. *By a mere movement either can be obtained without changing the Electrodes.* The *Fork* is a peculiarity by which the rapidity of the shocks can be increased or diminished at pleasure—a therapeutical necessity. On examination, other important improvements will be apparent. There are four sizes of our FARADIC INSTRUMENTS: No. 1, small, for family use, \$10; No. 2, medium, for ordinary use, \$15; No. 3, large, complete, for professional purposes, \$20; No. 4, Double Cell, of great power, \$30. There are three sizes IMPROVED GALVANIC BATTERIES: Eight Cells, \$20; Sixteen Cells, \$35; Thirty-two Cells, \$60. Surgical Batteries, for *Cauterization*, of any size ordered. The *Rheodes*, or Current Guide, is an entirely new contribution to science, by which total interruption, alternate connection and interruption, or inversion of the polarity of the current, is obtained by a mere pressure of the finger. We also manufacture Carbon or Gilt Steel Point Electrodes; Eye, Ear, Phrenic Nerve Electrodes; Catheters for Urethra and Uterus; Electric Scourges; Foot Plates, Tin or Carbon; Wires, with or without Trocars, for resolution of Tumors; Tongue Plates; Rubber Tubing; Battery Field, &c. &c..

Please call and examine, or send for Circular to

THE GALVANO-FARADIC MANUFACTURING CO.

No. 167 East 34th Street, corner 3d Avenue, New York.

Opinion of Prof. Doremus.

College of the City of New York, corner of Lexington Avenue and 23d Street
New York, November 7, 1870.

I have carefully examined your new Electro-Magnetic Machine, with its valuable and ingenious improvements. I consider the instrument the most complete, the most varied in its applications, and most convenient I have ever seen.

R. OGDEN DOREMUS.

Late and Important Improvement—Patent applied for. The Excelsior Machines rendered Portable. Can now be carried around by city or country physicians, charged and ready for use, without the possibility of spilling the Battery Fluid.

D.23—emly.

ORIGINAL NON-HUMANIZED COWPOX AND HUMANIZED VACCINE VIRUS OF THE BEST "STOCKS."

The subscriber continues, as for the past twelve years, to devote special attention to the propagation and supply to the profession of the best possible *materiel* for vaccination.

Last spring he sent a special agent to Paris to investigate fully the whole subject of animal-vaccination as practised there, and to procure such supplies of virus, in various forms and from many different animals, as might enable him to inaugurate the method here. This agent returned two months since, and the objects sought in sending him have been fully attained. Over twenty heifers have already been successfully vaccinated, others are vaccinated every few days from the two non-humanized "stocks" mentioned below, and this "service" will be continued indefinitely if, as is not doubted, the support of the profession justifies the great and continual labor and expense.

All virus issued by me is collected by myself from vaccinations of heifers and infants, made by my own hand, and is fully warranted in every respect. In any case of failure of a first supply, a second will be sent on notification within thirty days.

TERMS.

COWPOX VIRUS, derived by transmission from heifer to heifer, from the famous case of cowpox discovered at Beaugency, in France, in 1866. COWPOX VIRUS from inoculation of an heifer in 1868, from an original case of horse-pox at Alfort in France, and since then from heifer to heifer. Crusts, \$5; Capillary Tubes of fluid lymph, \$3; Packages of ten ivory points, charged on both sides, \$2 each.

VACCINE VIRUS, of one perfectly healthy human remove from either of the above. VACCINE VIRUS from vaccination of healthy selected infants with the "stock" of the National Vaccine Institution of London, derived in long succession, for seventy years, from lymph collected by Jenner himself; the oldest and best long humanized virus in existence. Crusts, \$3; Tubes, \$2; Packages of points, \$1.50 each.

The Tubes and Points are recommended as the best forms of the cowpox; of the humanized "stock" all forms are equally reliable. I shall be most happy to answer all inquiries touching the subject of Vaccination, and on any week day, from 3 to 4 P.M., to receive the visits of physicians, and exhibit to them heifers in different stages of the disease; but no orders for virus will be noticed without a remittance. The original cowpox lymph will not be supplied to or through agents or dealers.

Address Dr. HENRY A. MARTIN,
27 Dudley Street, Boston Highlands, Mass.

Dec 1, 1870.

HILL-SIDE SCHOOL—For Undeveloped and Peculiar Children, SOUTHBORO', MASS.—Boston, Clinton & Fitchburg Railroad, Fayville Depot. Cars leave Boston from the Boston & Albany Depot.

For particulars, address Mrs. O. H. KNIGHT, or Miss M. A. F. DANA, Fayville, Mass.

References:

Dr. S. G. Howe, Boston, Mass.
Dr. Edward Jarvis, Dorchester, Mass.
Dr. H. M. Knight, Lakeville, Conn.
Mr. H. K. Frothingham, Mass. Bank, Boston.
Mr. P. A. Ames, 70 State Street, Boston.

S8—1y.

189 WARREN AVENUE, Sept. 16, 1869.

D. T. W. FISHER, having retired from service at the Boston Hospital for the Insane, to enter on general practice in this city, will give attention by preference to Mental and Nervous Diseases.

He has permission to refer to the following gentlemen:

Dr. C. A. Walker, Dr. J. E. Tyler,
Dr. D. H. Storer, Dr. H. I. Bowditch,
Dr. C. E. Buckingham, Dr. R. M. Hodges.

Office hours, 8 to 9 and 1 to 3.

D1—1y

PHYSICIAN'S DAILY ACCOUNT BOOK.—Published and for sale at the Medical Journal Office. This Account Book has been in use for many years, and has been found convenient and economical to the practising physician. It is constructed upon the plan which some of the leading physicians of Boston consider best adapted to the limited time which the medical practitioner has to bestow upon the proper keeping and making out of his accounts. A cash book and ledger accompany the daily account; but as some prefer a different arrangement in making their charges, the following kinds of the books are furnished, with the prices annexed:

Small size, with Day Book, Cash Book and Ledger, \$3.00
Large size, with the same, 4.00
Large size, Day Book only (bound up especially for individuals preferring separate Cash Book and Ledger), 4.00

Orders, with the amount enclosed, may be sent by mail to the publishers of the Journal, and the book will be forwarded by Express, or as otherwise directed.

PRINTING, in all its forms—especially Medical Pamphlets and Physicians' Blank Bills—neatly executed at this office.

HAZARD & CASWELL'S PURE COD-LIVER OIL.

Prepared on the Sea-Shore of Cape Cod and Cape Ann, by Mr. CASWELL, personally,
from Fresh and Selected Livers.

The universal demand for an article of Cod-Liver Oil that could be depended upon as *strictly pure and scientifically prepared*, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the *Fishing Stations*, where the fish are brought to land every few hours, and the livers consequently are in great perfection. Its manufacture is personally superintended by our Mr. Caswell, and every gallon made is closely scrutinized. This Oil is confidently recommended to the Trade and Medical Profession as the *Sweetest and Purest* in market.

It is made of fresh selected livers on the sea-coast, and can be retained by



the stomach when other kinds fail, so sweet and pure is it from the great care and skill attending its manufacture.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's oil, and give yours the decided preference."

Prof. Hayes, State Assessor, of Mass., after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have carefully studied the effects of different Cod Liver Oils, have unanimously decided the *light straw-colored Cod-Liver Oil* to be far superior to any of the brown oils.

The nauseous and offensive character of the usual Cod-Liver Oil in use is extremely prejudicial—more so than none at all; so that an article fresh and pure is indispensable.

☐ Sole Manufacturers and Proprietors, CASWELL, HAZARD & CO., under Fifth Avenue Hotel, New York City

THE BEST THREE TONICS OF THE PHARMACOPŒIA.

IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & CO. also call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable

Ferro-Phosphorated Elixir of Calisaya Bark,

a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome without any injury to their active tonic principle, and blended into a BEAUTIFUL AMBER-COLORED CORDIAL, delicious to the taste and acceptable to the most delicate stomach.

A teaspoonful contains one grain of the Salt of Pyrophosphate of Iron, and a pint of the mixture contains the virtue of one ounce of Royal Calisaya Bark. The Profession are warned against many imitations of the Ferro-Phosphorated Elixir of Calisaya, made from very inferior materials.

Ferro-Phosphorated Elixir of Calisaya Bark, with Strychnia.

This preparation contains one grain of sulphate of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effects.

Ferro-Phosphorated Elixir of Calisaya, with Sub-Carbonate of Bismuth.

This combination has now become exceedingly popular with the first physicians of the country, by whom it is efficiently and successfully used in gastralgia, laborious digestion, acid eructations, nausea, debility, and nervous derangements. Each tablespoonful contains eight grains Ammonio Citrate of Bismuth, four grains Pyrophosphate of Iron and three-quarters grain Quinine in its natural state of combination.

Simple Elixir of Calisaya.

Where an efficient tonic is required, and in cases where Iron is contraindicated, our simple Elixir of Calisaya will be found of admirable service. In it the finest variety of Calisaya Bark is combined with aromatics and made into a ruby-colored cordial, which is very pleasant to the taste and friendly to the stomach. One pint of the Elixir contains the virtues of one ounce of the Calisaya.

IDO-FERRATED COD-LIVER OIL.

This combination holds sixteen grains *Iodide of Iron* to the ounce of our pure Cod-Liver Oil ["Oleum Morrhuæ"] in perfect solution, making a pleasant and beautiful, clear, light-brown combination, free from the unpleasant inkiness of the Iodide of Iron. It possesses not only the nourishing properties of the Cod-Liver Oil, but intensified by the powerful tonic and alterative effects of the Iodide of Iron, thereby assisting the assimilation of the oil by the stomach, and increasing its nutrition, making this invaluable remedy (Cod-Liver Oil) far more efficacious in scrofulous and other diseases indicating its use.

This combination is one long desired by the Profession, and one, when Iron is indicated (as in most cases), the practitioner will find invaluable. One of the advantages of the Ido-Ferrated over all other combinations of Cod-Liver Oil is, that a much less quantity is sufficient for a dose, as it contains four or five times the amount of Iodine found in the natural oil. Physicians can rely upon this preparation as containing sixteen grains of the *Iodide of Iron* in each ounce of Cod Liver Oil.

Manufactured solely by CASWELL, HAZARD & CO.

Cod-Liver Oil, with Iodine, Phosphorus and Bromine.

This preparation represents *Phosphorus, Bromine, Iodine* and *Cod-Liver Oil* in a state of permanent combination. Bound indissolubly with Caswell, Hazard & Co.'s pure straw-colored Cod-Liver Oil, the Phosphorus and Iodine are carried directly with the oil into the blood and there decomposed.

The following are the proportions and constituents of one pint of our Cod Liver Oil with Iodine, Phosphorus and Bromine: Iodine, 8 grains; Bromine, 1 grain; Phosphorus, 1 grain; Cod-Liver Oil, 1 pint. Manufactured by CASWELL, HAZARD & CO.

JUNIPER TAR SOAP.

This article is highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is manufactured by ourselves from the purest materials, and is extensively and successfully prescribed by the most eminent physicians of New York. Samples of our Preparations furnished free to the Profession on application.

CASWELL, HAZARD & CO.

Successors to CASWELL, MACK & CO.,

Family and Manufacturing Chemists, Newport, R. I., and cor. 24th Street and Broadway,
Feb. 2—copy. ff. New York City.

Original Communications.

PRACTICAL MEDICINE AS A SCIENCE.

The Annual Address delivered before the Norfolk Dist. Med. Society, May 11, 1870,
by ROBERT T. EDDES, M.D., Boston.

MR. PRESIDENT AND FELLOWS,—Our profession is now, as it has been for centuries, subject to the attacks not only of the ignorant, but of the learned, who reproach us with the incompleteness and uncertainty of our science and the inefficiency of our art.

The New York *Nation*, for instance, which claims to represent the highest culture of the country, administers, with the air of one superior to all such petty disputes, a dignified reproof to a medical association for refusing to recognize a particular class of charlatans, on the ground that in the existing uncertainty their theory may perhaps be the true one and preferable to that of their persecutors.

A member of our State Legislature wishes to abolish the State Board of Health, as of no practical value, because what is regarded as true in medicine one day may be abandoned as false on the next, while on precisely the opposite side the whole army of quacks proclaim in loud accord to the admiring public, agreeing in this as in nothing else, that the "old-school doctors" bleed and purge and give calomel with the same vigor and persistency that they have done from time immemorial, and are utterly incapable of perceiving the new truths so disinterestedly proclaimed in long columns of the daily papers. We have also perhaps suffered somewhat, though with sensible people but little, from some overstatements of facts which are now quite generally received by the best part of the profession.

Let us begin by admitting the partial truth of some of these objections. Let us confess to one class that we do take counsel of the wisdom of the ancients, to another that our views do change, and to another that medical theories are very uncertain affairs, and to our own recollections that we do make mistakes. We only say

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thereby that man is neither omniscient nor infallible. It is, however, and I say it not as a mere retort, but to show that this state of things is not due to want of zeal nor of intelligence on the part of the cultivators of medical science, very much the same in many or most other departments of human knowledge which have a practical bearing on the actual affairs of life. There is no pursuit requiring thought, knowledge and judgment in which a reflecting man, no matter how great his attainments, must not feel the very narrow limits beyond which his utmost endeavors can never carry him, when he sees the infinite number of things still to be known.

It was not the deficiencies of our art alone which impressed Faust with the insignificance of his study when he said—

I have now, alas! quite studied through
Philosophy and Medicine
And Law, and ah! Theology too,
With hot desire the truth to win!
And here, at last, I stand, poor fool,
As wise as when I entered school.

Uncertainty and change affect all the great objects of human interest.

Theologians are not as yet in entire harmony with each other, and the gulf between Catholicism and ritualism on one hand and radical theism on the other is certainly as wide as any which can be found in the limits of legitimate medicine, while the various forms of religious eccentricity may find a parallel in almost every respect in the numberless "pathies" so prevalent at the present day. Social and political evils of various character afflict the community, upon the remedies for which legislators and philanthropists, though working with the best of purposes and the utmost zeal, do not agree.

It might seem, for instance, as if the financial condition of the country were sufficiently under the control of our government, and the laws of trade sufficiently well understood, to enable measures to be taken which should with regularity and certainty put our business relations on a firm and reliable basis; but we see session after session of Congress go by without agreement upon any fixed plan, and even

[WHOLE No. 2257]

when a more favorable state of affairs seems approaching, there will probably be just as little agreement among the financially learned as to the means by which it shall have been brought about.

We must acknowledge that the legal profession is often able to announce its decisions with greater certainty than we can always do, but the comparison is not in all respects a fair one, for the lawyer has merely to bring his case to correspond with certain conditions already authoritatively laid down, while with the justice or expediency of the law he has in his professional capacity but little to do. There would be, I suppose, but little difference of opinion among lawyers in any given case as to whether a man were guilty or not of violating the prohibitory law for instance, while they might, and probably would, hold the most various views as to the wisdom or propriety of enacting such a law. If all that were required of us were to fit each case to a certain nomenclature depending on certain arbitrarily chosen symptoms, our task would be comparatively an easy one; but this would be of but little use for practical purposes, since we must, to cure our patient, go beyond the name of the disease, and examine his condition and the nature of his malady. I think we may fairly claim that no other art has to deal with more complicated, obscure and variable conditions than ours; and these very difficulties, which make its enlightened practice a problem sometimes too difficult for the soundest minds in our profession, when joined to imperfect knowledge and that incapacity for impartial judgment which deep personal interest is so liable to produce, also render the general public still less able to justly appreciate what is done.

Having thus briefly, but as I trust thoroughly, made our confession and apology, let us look upon the other side of the question.

There is no doubt that the last and present centuries have seen an advance in general science entirely unparalleled in the annals of the world. It was in the latter part of the last century that chemistry became a matter of exact and systematic observation instead of an incoherent mass of crude theory and isolated experiment, while it is almost entirely in the present that geology and zoölogy, with all their allied branches, have assumed a definite form. It may at first sight appear that the medical sciences, or more properly speaking practical medicine, have by no means shared in the advancement, and that the art of the

present day has much the character of that of our ancestors, though differing in form. In some respects we *are* but little in advance of them, for many of them were most excellent observers of disease, and their description of symptoms as good as can be written.

It has been very truly said that all knowledge passes through three stages: first, the certainty of ignorance; then, the uncertainty of doubt and inquiry; and, lastly, the certainty of real knowledge.

Portions of many sciences have now reached the third stage, but until the whole mystery of creation is revealed to us another portion must still remain in the second; and this portion is to the former infinitely great. Even in chemistry, for instance, where the amount of well-ascertained facts is immense, and many of its theories, if not proved true, are yet sufficiently near the truth to be of great practical value, consider how vast a domain is yet imperfectly explored in the region of organic bodies. While geology proves beyond the shadow of a reasonable doubt the vast antiquity of the world, and is able to construct before our eyes the fauna and flora of bygone ages, yet how much still remains in dispute or utterly unknown, and what different theories still are held on the most important points!

The various branches of medicine are in different parts of these three stages. While we hope that all of them are beyond the first, we can hardly be sure that it is so, when we see how much is assumed upon mere assertion, and believed because it has never been contradicted. The story may be true in spirit if not literally, of the doctor who said he had never read but one medical book, and he was sorry for that, for it had disturbed his mind. In most minds, however, we may consider medical knowledge to be largely in the second stage—that of inquiry and investigation. All our old beliefs are receiving a thorough overhauling, some rejected, some patched up and refitted, and others found still sound and serviceable. The present time is certainly an age of skepticism, using the word in its best sense, of all kinds, including medical and religious; and though this spirit may try the souls of men who must do something, wish to do right, but cannot determine what the right is, yet it is far richer in scientific fruit and produces far greater results, both practical and speculative, than could come from ages of dogmatism and traditional authority. To apply these thoughts to our own daily labors, we

may envy the feelings of the man who is always sure he is right, but we can hardly congratulate his patients.

Let us glance at some of the branches of our science. Descriptive Anatomy nearly reached its limits many years ago, and the most that is now expected of it is the discovery of some anomalous muscular slip to compare with the structure of inferior animals, some slight modification of old views, or rearrangement of old data. The plates of Albinus are almost as good to dissect from as any of the modern books, so far at least as bones and muscles are concerned.

The microscope, however, has opened for us a new world. It is this instrument alone which could have given to physiological anatomy and to pathology the capacity to make the enormous advances of the last few years. Without it we should have known nothing of the cell structure with its modifications, on which, in one form or another, so large a part of our pathology depends. Our knowledge of the nature of many changes occurring in disease is almost wholly due to it. Very important practical examples are to be found in Bright's diseases, and in some of the more recently recognized diseases of the nervous system.

It is said, and with much truth, that both the scalpel and the microscope give us but the results of morbid processes, and do not reveal the actual working of disease, just as we could form but little opinion as to who set the fire, by looking at the pile of bricks where the house stood. Results, however, if carefully examined and compared, *do* throw great light on the manner of their attainment, and show us at least what it is that we should try to prevent. But here we have other help. Chemistry, which of all the applied sciences, except astronomy, is the most exact, has long busied itself, not alone with the ultimate analysis of tissues, but with watching the excreta, and informing us of their changes in health and disease. Here, too, we deal with results rather than with the actual processes, but we have gained most important data for solving the complicated equation of disease, which involves so many unknown quantities. The chemist tells us what comes away, the anatomist analyzes what remains, when the disease is fatal, while the clinical observer, watching the whole process, constructs from all the data a theory of the disease which shall be a guide to future investigations, and a sound basis for a rational treatment in similar cases.

Another branch of inquiry, from which we

have received much, and may expect more, of practical value, is experimental physiology. Bernard and Brown-Séquard have shown how two important diseases, diabetes and epilepsy, can be counterfeited in animals by injuries to the nervous system, and many other observers have filled in more or less of the missing links in the chain of causation, and have shown the bearing of these facts on human pathology. The knowledge of the action of drugs has received most important additions from this source.

Can it be that, with all these helps, the more practical branches of medicine have stood still, and that we are yet blindly led by tradition, or afloat in an ocean of doubt and speculation, where we can see no light nor beacon?

It is not alone in physiology and pathological anatomy that we perceive the improvement due to the modern means of exact investigation. The common and extending use of instruments of precision furnishes us with many data which before were only approximated, though often with considerable accuracy. The great art of physical exploration throws an entirely new light upon a large class of diseases, and now we see with our fingers and ears where before we could only guess. The thermometer gives a precision to estimates of temperature which renders this symptom of much more value than when simply judged of by the hand, not only for diagnosis and prognosis, but for appreciating the effects of treatment, or as a therapeutic indication.

The ophthalmoscope, besides its use in its own proper place, brings us one step nearer to the brain, and the laryngoscope to the lungs, while the microscope and test-tube aid in diagnosis, as in pathology, by their critical analysis of the excreta.

I think, however, that, in addition to the advantages derived from instruments of precision or of power, which medicine shares with almost every other branch of knowledge, the great gain is to be found in improved habits of thought, for, after all, science is not in the instrument, but in the user of it. The present age is, as we have said, one of skepticism, but skepticism does not mean disbelief. We have rejected the systems and theories of our ancestors and are to reconstruct our science, as we hope, on a new and firmer basis. We may use their material, but the plan must be a new one.

The most important fact, whose general and popular recognition is of quite recent date, is this: that many diseases run a definite course, influenced but little by remedies as regards their duration, and often get

well of themselves. It is unnecessary to insist on the importance of this fact, suspected and hinted at for a long time by some of the best minds in the profession, but only lately generally and practically acknowledged. It has been too often and too thoroughly treated here and elsewhere, and is too generally accepted as the truth, to make any words of mine other than superfluous. If it should ever be shown that any or all of these diseases can by any means now unknown be cut short, or materially modified, it would not in the least affect the scientific position of this fact, however much it might diminish its practical importance.

This, however, though the only sound starting-point, is not the whole of therapeutics.

If all rational medicine can do is to make its diagnosis, and then stand by with folded hands until the disease wears itself out, to end either in recovery or death, then either is our function trivial and silly, or our art is a meditation upon death. Too often we are, it is true, obliged to confess our inability to do aught but watch and wait, but to do that, ought to argue a belief on our part that when the time comes we can interfere to advantage.

How great our control may become is one of the unsolved problems; but even in the most strictly self-limited diseases, we know of one, at least, where artificial interference is of the utmost possible value in prevention or modification of its severity. The efficacy of vaccination is fortunately a subject on which none but the very ignorant, or some hobby-riding enthusiast, can entertain a doubt. In others of this class we are to be sure less fortunate, but there can be no essential difference pointed out between the variolous diseases and the others, to show why something analogous might not take place in regard to them, while their strong similarity, in many important particulars, affords a well-grounded hope that we shall not always be so often called to confess our impotence in the presence of other malignant fevers. In regard to other diseases self-limited, to be sure, but less definitely so, if we cannot cure, which is by no means fully proved, it is very possible that we may reduce their duration and risk to a minimum.

I remember seeing in a comic paper, in one of the great European medical centres, a picture of a little boy with his father quietly watching a girl drowning, while beneath was to be read something like this: "The little Matthias was allowed to go to

walk with his father, and, as they were walking, suddenly a girl sprang out of the hedge into the pond to drown herself. 'See!' said the father, instructively, 'this happens either from love or misery, or because some crime weighs upon her mind. See how slowly she goes down.'"

If I had possessed the skilful pencil of one of our number, I should have been sorely tempted to change the father's face to that of a distinguished professor in the great hospital of that city, the little Matthias would have multiplied into an admiring crowd of medical students, and the girl would have been a patient over whom the professor was delivering a clinical lecture.

It seems to me that the prevalent tone of feeling in regard to therapeutic measures, and especially, let us not try to disguise an offensive phrase, the use of drugs, is just as unreasonable and unscientific, and as much dependent on prejudice and fashion, as the former belief in overdosing. It is, to be sure, a much less dangerous error, for we must confess that the possible harm of drugs is greater than any possible good, but we are not obliged to choose either alternative. But few enlightened practitioners of the present day choose the older method, although sensational writers, for the sake of pointing an epigram, and quacks for profit, persist in attributing such malpractice to what they term the "old school," while those who, if they adhered to their principles, would really give nothing, are more than suspected of frequently using very appreciable doses.

We say much about leaving diseases to nature, but it is not so easy to say what nature is. We certainly do not mean by that phrase that patients do better if altogether neglected and left to do as they please. Instinct is often a good guide, not, however, to be too implicitly followed, but often itself guided.

It is but a narrow and arbitrary view which excludes from the catalogue of natural agencies, the efforts of the physician, or any means he is able to make use of. Whatever we may do, we *cannot* take the patient away from nature, and our task is so to control those influences which *are* in our power that those which *are not* may do the least harm.

To exclude those agents which their enemies call drugs, and their friends medicines, is also an artificial distinction, which often rests on no better basis than perhaps a disagreeable taste, or the fact that they are bought of the apothecary instead of the grocer.

It is impossible to draw a line which shall separate some drugs from some articles taken with our food, and forming part of the body. Wheat flour is undoubtedly food, and iodide of potassium as undoubtedly a drug; but what of chloride of sodium, as necessary to the body as flour, but chemically much more closely allied to the iodide?

Scurvy may be cured by oranges, which are pleasant food, by raw potatoes, which are food, but said to be extremely disagreeable, or by citrate of potash, which is a drug, but not a disagreeable one.

If saturating a man with lead gives him colic and paralysis, why should not removing that lead by chemical means be an important part of the cure?

We find in the body many definite chemical products, some of them capable of being produced artificially, and others only within a living organism; some of them having uses in the vital actions of the body, and others, when in excess, producing, or accompanying, disease. What is more reasonable than to suppose that these may be affected by other chemical agents introduced from without? We do not, to be sure, know the poisons of many diseases, but we may not always be ignorant either of them or of their antidotes.

I do not make these suggestions as in themselves arguments in favor of using drugs, but to show that no mere theory should prevent our using them, and that the question of their advantages or disadvantages should be, like all questions of practical medicine, brought to the test of actual observation and submitted to unprejudiced judgment in each disease for itself.

If real, carefully observed, and as carefully criticized experience shows any drugs to be useful, let us use them and be thankful for them, uninfluenced by tradition, or by fashion, and let us be just as ready to refrain, if we have reason to suppose that they do harm. Questions of therapeutics, whether as to drugs or diet, or other influences, should be investigated in just as dispassionate and unpartisan a spirit as those of diagnosis or pathology.

This is not an occasion for a treatise on special therapeutics, but there are, as I think, some facts in regard to drugs so well established that they ought to be regarded as forming contributions to science. It is a great comfort to any one who would like to believe that his art is something more than good nursing, to have become familiar with one drug which is almost certain to produce decided and eminently useful spe-

cific effects, and the indications for whose use are clear and precise. Such a drug is quinine. Sometimes, possibly, doing harm by too free a use, but often unjustly blamed for effects that do not belong to it, and sometimes depreciated by those unfamiliar with its use, its beneficent power cannot be doubted or undervalued by any whose fortune it has been to practise in malarial regions. Even in this neighborhood, where we have less occasion to call for its *specific* effects, I think it will become more used than at present, and will perhaps be better appreciated as practitioners cease to fear a large dose. Its value in malarial fevers, however, is an accomplished fact in science.

Among the more commonly used remedies are some to which almost all practitioners resort, and which have in their favor not merely the testimony of those who have seen some individual cases recover after their exhibition, for this happens with all drugs, and all modes of treatment, however absurd, but the almost unanimous voice of the most distinguished physicians all over the civilized world. Such, for instance, as cod-liver oil, iron and iodine, and many others of less general application, but useful in special cases, or for special symptoms. Some, if not all, of these are often resorted to, under one pretence or another, even by those who boast to have specifics of an entirely different character for every disease. The indications for their use are clear, and their effects tolerably certain.

Of the large and increasing class of medicines whose primary action is probably on the nervous system, and indirectly on many other portions of the organism, our practical knowledge is extensive, but not complete, while, in regard to the mode of their action, we are beginning, and only beginning, to get more precise notions. In this direction, clinical observation, though a valuable adjunct, can never advantageously take the lead. This is to be done by laborious and careful physiological experiment, such as we have an example of in the researches of a member of this Society on the bromides and other neurotics.

Beside the more obvious indications for the use of anæsthetics and narcotics, which are, perhaps, quite as exact here as in any department of medical science, the usefulness of this class of medicines seems likely to extend much beyond the neuroses to many diseases of abnormal nutrition, dependent on abnormal innervation; and these diseases are by no means few. Many experiments have shown how great an influence is exercised by the nerves over the

secretions, and pathological facts have also shown their effect upon nutrition in general. Probably this takes place by means of the nerves which control the circulation, both the energy of the heart and the calibre of the bloodvessels. These facts, as well as many of pathological anatomy, point in this direction as likely to be in the future a rich field for investigation in the action of drugs. In many cerebral diseases, the marked immunity of the nervous elements proper, as distinguished from the changes, first, of the bloodvessels, and, secondarily, of the connective tissue, the evidence, in chronic cases, of long-continued congestion of the cerebral vessels, and, in recent cases, sometimes the absence of any lesion discoverable after death, and sometimes the presence of mere acute congestion, explain the good effects shown by observation to be obtained by agents which influence the circulation, or which call more blood in another direction, and also lead us to hope that the control may be sometime more complete.

Beside many agencies, of which the uses or a part of the uses are well established, there are many others, either just coming into notice, whose value is not yet well determined or generally appreciated, or else concerning which the prejudices have been so great and the warfare so hot that a really unbiassed judgment is not easy. It is, perhaps, in regard to bleeding and mercury that the "currents and counter-currents" run more strongly than anywhere else. The present reaction against excessive venesection and depletion can hardly be wondered at when we know, either by observation or reading, the state of things which preceded it. The counter-reaction, which seems to me not so very far off, will not carry us back to the old fashion, but will approach more nearly to a legitimate and rational employment of a powerful remedy, instead of a routine use, or almost equally routine neglect.

The whole plan of counter-irritation has been receiving a thorough discussion lately in some of the periodicals. It is certainly very easy to show the absurdity of irritating or depleting applications to the walls of a cavity with a view to withdrawing blood from the contents, which are supplied from a different set of vessels. I remember seeing an autopsy where an internal strangulation of the intestines had just been disclosed. The operator quietly laid the abdominal walls back into place, and, saying nothing, pointed to the marks thereon of three leech-bites corresponding in position

to the lesion below. Comment was unnecessary.

It would be very difficult, however, to convince either practitioner or patients, let us destroy all the theories as completely as we may, that relief from pain, if nothing more, is not very apt to follow the application of so-called counter-irritants.

An explanation is not necessary to our present purpose, since if the facts are wholly or partially established, we may make present use of the knowledge, fitting them in with former theories afterwards at our leisure. We may, however, mention, as furnishing, if not an explanation, a physiological analogy to these facts, certain recent experiments. I refer to those of Brown-Séquard, who has shown how the temperature of one hand may be reduced by placing the other in ice-water, the reduction being too great and too rapid to be accounted for by the cooling of the whole mass of the blood; and others where an alteration of temperature was produced in the limbs (Brown-Séquard and Lombard) or the nervous centres (Schiff) by irritation of sensitive nerves. Also those of Dr. Mitchell, who found that by freezing certain portions of the skin in pigeons very curious nervous symptoms were produced, nearly corresponding to those due to irritation of nerve centres. Most curious of all, if the crop of a pigeon were frozen by the ether spray, he continued to walk to the opposite side for five or ten minutes, as if his cerebellum had been treated in the same way. All these observations, as well as many facts of reflex influence, both experimental and clinical, go to show that the effects of counter-irritation are to be explained by nervous action. The subject, though very interesting, is far too extensive to be treated or even fully illustrated at this time.

Regulating the temperature by direct application of cold and heat to the body is a means of treatment which is yet to receive more extensive and also more exact and systematic application; and the same may be said of the different qualities of the galvanic current, an agency which is fast assuming a position of the greatest importance in the treatment of nervous diseases, and possibly organic also.

There is somewhere a perfect system of therapeutics. It is not *necessarily* a system which has a cure for every disease, for there is no reason to suppose that such exists; but in each case there is some one course of treatment which is the best possible, and which does for a patient all that could pos-

sibly be done. What this is, is for us to try to approximate as much as possible by observation, and as little as possible by theory.

In the present state of our knowledge at least, it is often merely to feed, ventilate and rest the patient, and let him otherwise alone. Often, however, many symptoms need regulation, some of which we can control with ease and certainty, others only by trials, and with difficulty, and others not at all. In still another class, I believe that we really cure the patient in the old-fashioned, popular acceptance of the word; or if we cannot cure, materially retard the progress of a fatal disease. To accomplish these objects we have a right to use *all* or any of the means which nature spontaneously affords or which men can wring from her.

I am aware that mention has been made of but few of these means, but my object was rather to illustrate than to prove. Surgery and some of the specialties would furnish many arguments to show not only the practical progress which has been made in the healing *art*, but the real advance of the *sciences* of pathology and therapeutics.

The importance of the knowledge of hygienic agencies has been but little dwelt upon, not because undervalued, but because universally understood and admitted.

If I have in this sketch mingled too intimately views of the present state of our science with expectations for the future, it is because this way of viewing the subject corresponds so closely to what we have to do in the practise of our art.

Every case occurring to ourselves must not only be treated with all the judgment afforded by our present knowledge, but from it and from comparison with the experience of others, we gain information for future use. None of us can stand still, and we must not only learn for ourselves, but be willing to contribute to the common fund of knowledge whence our science is to take the material for its growth. If, as I have endeavored to show, there is such a thing as medical science, as well as medical art, and if we can claim a certain amount of exact knowledge displacing conjecture, we must, nevertheless, admit that science is still imperfect, and that we cannot foresee how vast may yet be its increase.

THE Academy of Medicine has refused to strike off the names of their eminent German colleagues from their *roll*. It has adopted patriotic resolutions, and protested against the shelling of the hospitals, museums, &c., of Paris and other large towns.

Selected Papers.

SEPTICÆMIC AND PYÆMIC FEVER.

By Prof. HUETER, of Kistock. A Résumé by Prof. PODRAZKI, of Vienna. Translated for the Boston Medical and Surgical Journal by J. C. WARREN, M.D. (Continued from page 210.)

WITH regard to the etiology of pyæmic fever, the author mentions, first, the conditions under which the pyrogenous substances enter the circulation from abscesses, and then the conditions under which thrombi form, undergo purulent softening, break up and reach the circulation, i. e., the etiology of pyæmia simplex and that of pyæmia multiplex. In the former case, the lymphatics play a part similar to that which they take in septicæmia, only that in this case (septicæmia), the conditions for the reception of septic substances into the lymph channels are incomparably more favorable than the reception of purulent substances in pyæmia. For, at the time that suppuration has begun, the openings of the lymphatic vessels are, for the most part, closed by a growth of tissue, as has been particularly shown by Billroth.

In the development of vein thrombi, the general condition of the circulation is of great importance. In such cases, therefore, a great loss of blood, wound fever (septicæmia), accidental complications like bronchial, gastric and intestinal catarrhs, pneumonia, &c., constitutional disease, and, finally, the age of the patient, exert an important influence. It is a very remarkable fact that pyæmia multiplex very rarely occurs in extreme youth, which is probably due to the more energetic action of the heart.

Finally, the author rejects the so-called "pyæmic poison," which is said to cause pyæmia in virtue of its zymotic properties, which theory was brought forward and for a long time defended by Roser. He rejects it, because, in his opinion, it is not necessary to adopt a name, about which we know nothing, like "pyæmic poison," or the "zymotic poison of pyæmia."

Among the group of symptoms of pyæmic fever, chills are considered as the most important, and have always been looked upon as particularly characteristic in the development of this disease. The very interesting and valuable labors of Billroth on this subject, and also on the condition of the temperature, are given in full detail. The observation of the changes of temperature,

which is a still more important symptom than the chills, offers a much safer guide, not only for diagnosis, but also for the prognosis.

The sympathetic affection of the central nervous system is manifested in a very peculiar manner, and quite differently from what occurs in septicæmia.

Delirium is here much more rare than in septicæmia, but the great mental depression of a pyæmic patient is very striking.

Diarrhœa accompanies pyæmia quite often, also enlargement of the spleen. Albumen in the urine renders the prognosis less favorable. The author mentions the interesting fact that the suppurations of joints, which occur in pyæmia very frequently, are not accompanied by any pain, so that the patients do not even allude to them, while the acute suppurations of joints dependent on other causes are so extremely painful.

The opinion of Billroth is brought forward, that pyæmic and septicæmic fever occur most frequently from February to July, most rarely from August to January. May and June are considered the worst months. The predisposition of compound injuries of the bones to complications with pyæmia is shown in the most striking manner by the statistical observations of the same observer.

According to the author, pyæmia multiplex is on the whole not an absolutely fatal disease: it is very rare, however, that one can say with any certainty that a patient affected with pyæmia has recovered, for it is seldom that the diagnosis can be determined beyond a doubt without the aid of an autopsy. Unfortunately, such is the case, although he who considers a mere chill as a sign of metastatic pyæmia can point to many a cure. Hueter reckons the proportion of cures to be about one in fifty.

The last chapter of this monograph—the treatment of pyæmic fever—is written in a very attractive manner. It must naturally be somewhat similar to that of septicæmia, where, as well as here, the treatment can only be prophylactic and palliative. * * * We decidedly agree with the author in condemning an indiscriminate praise of conservative efforts, which have sacrificed many a patient to pyæmia, whose life might have been saved at the expense of a limb. He is also strongly opposed to the practise of allowing an abscess to “ripen” until “nature” shall have made a way for herself.

The statement of Hueter, that he has opened dozens of psoas abscesses, connected with osteo-myelitis of the vertebræ, with the knife, without a single unfavorable re-

sult, is certainly very astonishing. It may be possible that I have not caught his meaning, for it does not correspond to the experience of other surgeons. We have opened many a psoas abscess in von Pitha's clinic, taking every possible precaution, and yet, in the majority of cases, have observed an increase of fever and the occurrence of chills. * * * *

Although the author does not believe in pyæmic poison in the form of a miasma or contagium, and consequently rejects endemic and epidemic pyæmia, yet he expresses himself as very decidedly opposed to any crowding of patients with serious wounds, on the ground that putrefactive processes may be transmitted from wound to wound. According to the theory of the character and development of pyæmia, which is now pretty generally accepted, it is not necessary to assume a miasma or contagium, yet there are so many phenomena in this fearful disease which are not yet satisfactorily explained that it hardly seems possible to be too cautious. The most complete isolation of such patients should therefore be maintained, if circumstances permit.

Under the head of radical treatment of vein thrombi is mentioned, 1st, ligature of veins; 2d, amputation. The author recommends ligature of veins, which has been tried twice successfully by Lee. If, for instance, a patient with an injury of the hand has a chill, and a thrombus is found in the vena cephalica which reaches beyond the elbow, the vein should be tied above.

Schuh has maintained that amputation can save the patient after pyæmia is already developed, and Billroth and others have observed undoubted cases of this sort.

Our last refuge is transfusion (Lücke). The author recommends this in combination with amputation.

Potash and nitrate of soda, the mixtura nitrosa and the mineral acids are mentioned among the anti-pyretica. Their value is very doubtful. The sulphates are recommended by Rolli both for septicæmia and pyæmia. Whether quinine does any good in large doses beyond a slight depression of the temperature and retardation of the chills, I should also be inclined to doubt. It will nevertheless probably maintain its position in the treatment of pyæmia for a long time, for we have no other remedy, and yet we must give the patient something! The narcotics are undoubtedly useful in relieving symptoms, particularly subcutaneous injections of morphine. It relieves the patient from pain, and enables him to forget his troubles in sleep.

Reports of Medical Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY. REPORTED
BY F. W. DRAPER, M.D., BOSTON.

THE Society met March 25th, Dr. G. H. Lyman presiding.

Dr. F. Gordon Morrill exhibited a *post-mortem* specimen of colloid cancer of the omentum. The patient was a man, 75 years of age, who, during the last six months preceding his death, had suffered pain in the epigastrium, loss of appetite, and occasional nausea. During the last month of life there was ascites. The tumor could be indistinctly felt through the abdominal walls. The patient was confined to bed only two weeks.

At the autopsy, the omentum was found to have become degenerated into a mass of colloid cancer, occupying the whole anterior part of the abdominal cavity. In the liver were a considerable number of small nodules, having the physical characters of cancer.

Dr. J. B. S. Jackson remarked upon the general appearance of the growth as being distinctly characteristic. He stated that the omentum was specially the seat of this form of degeneration, the ovaries and stomach presenting it next in frequency.

Dr. Fitz described the microscopical character of the disease as consisting of alveoli, whose fibrous stroma contained cells presenting nuclei and granular contents.

Dr. Marcy, of Cambridgeport, exhibited to the Society a specimen of double monster, delivered, still-born, at full time, and read notes of the case, describing in detail the process of delivery, and the external appearances of the fœtus. The paper, together with the report of the anatomical section, by Dr. Fitz, to whom, by the vote of the Society, it was referred, will shortly appear in this JOURNAL.

Dr. Jackson remarked that the present was the fifth or sixth case of its kind occurring in this vicinity. In such instances of abnormal development, there is a single heart composed of the various cavities of two hearts indistinctly fused. The livers are also coalescent. The other organs, he believed, were generally distinct and complete. The sex is the same. The recovery of the mother with speedy convalescence is the rule, as exemplified in the present case.

Dr. Fitz exhibited a tuberculous kidney recently removed, *post mortem*, from a patient who had died from general tuberculosis. The lungs, however, showed the cheesy degeneration of pneumonia, and presented only doubtful evidence of tubercular deposits. The liver, intestines and bladder were tuberculous. In the mucous coat of the pelvis of the kidney, and of the Malpighian pyramids, gray, tubercular granules were seen. There had been no urinary symptoms.

Dr. Jackson showed two placentæ very beautifully injected by Hyrtl, of Vienna. He remarked, incidentally, that the general rule laid down by Hyrtl that where twins are contained in a single amniotic sac their sex is the same, and when in separate sacs their sex is different, had been refuted by numerous observations to the contrary in this vicinity.

Dr. H. W. Williams referred to four cases, occurring recently, in which he had diagnosticated Bright's disease of the kidneys by the characteristic changes in the retina, as discovered by the ophthalmoscope. One patient, who had first consulted him in January last, for failing vision, and who had not previously presented the symptoms of renal disease, showed retinal changes which were fully corroborated by the condition of the urine then for the first time discovered; death occurred two months later from Bright's disease.

Dr. W. did not regard the degeneration of the retina as especially belonging to the early stages of the disease, yet it was not infrequently the first symptom discovered.

Dr. Ayer related the history of a case recently under his care. One year before death, the patient, a young lady, had fallen with considerable violence, dislocating her wrist and severely jarring her body in general. Subsequently dysphagia developed so that only liquid diet could be taken. The probang passed to the lower third of the œsophagus and came upon a dilatation, but would not enter the stomach. One month before death, paraplegia occurred. In spite of all attempts to nourish the patient by means of nutritive enemata, oleaginous inunction and other measures, death occurred from inanition. There was no autopsy.

Dr. Bowditch said he had recently performed thoracentesis on a patient presenting the physical signs of pleuritic effusion, but in whom the intercostal spaces were not distended. Two pints of fluid were withdrawn. He believed it a good general rule not to tap unless the intercostal spaces were obliterated. He remarked upon cer-

tain cases of latent pleurisy, in which the symptoms were referred chiefly to the stomach, but examination of the thorax discovered a large effusion.

Dr. Johnson said he had recently had a case whose symptoms simulated in all respects delirium tremens; it had occurred in a man who had taken no alcoholic drink, but who had used tobacco inordinately.

Dr. Bowditch believed the intemperate use of tobacco to be a prolific source of functional disturbance of the heart and nervous system.

Dr. Williams said it was also a cause of amblyopia. Total abstinence in such cases was followed by recovery.

The Society adjourned.

MIDDLESEX SOUTH DISTRICT MEDICAL SOCIETY.
CHARLES E. VAUGHAN, M.D., SECRETARY.

THE annual meeting was held at Waltham, April 19th. The officers for the coming year were elected, as heretofore reported.

It was unanimously voted that the Society send no delegates to the coming meeting of the American Medical Association.

The committee appointed at the semi-annual meeting to consider Dr. Sullivan's protest against the action of the Councilors of the State Society in October last, reported that in their opinion there is no just cause for objecting to the course pursued by the Councilors, and recommended that the Society take no action.

A paper was read by Dr. C. B. Shute, of Malden, upon Medical Education. The state of medical education contrasts favorably with that of twenty-five years since, but is still deficient.

I. An initial examination is needed, more than a final one, to ensure a proper mental discipline prior to the practical medical training.

II. The medical school should be graded like other schools, each year having its appropriate studies, with an examination at the close of each year. This would remove a source of confusion to the student and of embarrassment to the profession.

III. Professors should not be dependent upon the number of pupils, but should have fixed salaries.

IV. Clinical opportunities might be improved. Students should be allowed to visit the hospitals in small clinical classes of six, who are to follow and discuss a given case, as pneumonia, throughout its course.

Practical opportunities in surgery and obstetrics are especially needed.

V. Instruction should be given by judi-

cious intermixture of recitations and lectures.

Dr. H. O. Marcy reported a case of delivery of a twin foetus, or double monster, with a drawing of the foetus. The union was from the clavicle to the umbilicus. Dissection showed a double heart. An account of the case has been reported to the Boston Society for Medical Improvement, and will appear with the records of that Society.

Dr. S. H. Hurd read a paper upon Medical Knowledge among Indian Tribes, in which he reached the conclusion that we are not likely to add much of value to our Pharmacopœia from theirs, and that "Indian doctors" are not the most reliable practitioners.

The average length of life among our Indian tribes has not been great within our acquaintance with them, and probably not before. This is owing to epidemics, accidents, &c. The use of the vapor bath was mentioned. Among medicinal herbs, Dr. Hurd specified beth-root, or trillium, used with the unicorn plant as a cataplasm; decoction of mulberry leaves externally in orchitis; solidago; clover in decoction externally in ophthalmia; *sarracenia purpurea* in variola; *actæa nigra* as expectorant and cathartic.

Dr. Hurd said that in a recent attack of rheumatism of considerable severity, he had derived much comfort from a simple form of vapor-bath which originated among the Indians, and which he exhibited. The internal use of lithia was also beneficial.

Dr. Morrill Wyman spoke of an acute affection of the hip, of which he has seen several cases. It is characterized by intense pain in the region of the joint and down the thigh, with tenderness over the joint, high febrile action, with delirium, more or less œdema, and very rapid course.

The first case was a girl of 12, who died on the 5th day. On examination, the hip was found swelled, and the tissues infiltrated with serum. On cutting into the capsule, in front, thick, greenish pus gushed out. The head of the femur was denuded of cartilage on the anterior surface; at the insertion of the ligamentum teres, and in the ligament, was injection of blood. The head opposite the margin of the acetabulum, and the margin itself, were roughened.

The second case, of an Irishman, was fatal in five days. No examination. Sir B. Brodie mentions a case with similar symptoms, without remark.

Dr. Adams, of Waltham, reported a case of a boy of 16, characterized by the same intense pain in the hip-joint, and down the

thigh to the knee. No tenderness on pressure. A good deal of oedema of thigh. Delirium on 5th or 6th day, and death on 8th or 9th. Autopsy showed two or three drachms of pus within capsule; abrasion, or slight ulceration, of cartilage near round ligament.

In relation to the result of treatment, Dr. Wyman mentioned the case of a boy of 12 years, in which there was the same agonizing pain in hip, with swelling and tenderness in groin over head of femur. The diagnosis was not verified, as the patient recovered after leeching and rest.

Dr. Wyman made some remarks upon cerebral rheumatism. In thirty years' practise, he saw no case. Within four years he has seen four or five cases. The disease appeared in France at about the same time it was first noticed in this country, and was described by Valleix, Trousseau, and others. Some indefinite allusions are made to such a disease in older writers.

In most instances, the disease runs the course of a mild case of inflammatory rheumatism. An undefined apprehension is often expressed by the patient. Suddenly, dulness and stupor occur, with rapid pulse, and febrile action, and the case goes on rapidly to a fatal termination.

A recent case offers another type. Sickness began with stiffness and pain in back of neck, and intense headache. Cerebrospinal meningitis was feared until pain and swelling appeared in the joints. The case was painful, but went on favorably until the fourth week. Then the patient complained that she could not talk freely, that words did not come readily. Convulsions and delirium or mania followed. She is now slowly recovering.

Dr. Shute mentioned a case of mild rheumatism, at the Boston City Hospital, in which sudden mania occurred, and the patient died the next day. No autopsy reported.

Dr. Stone spoke of a case, at the Massachusetts General Hospital, of violent delirium or mania occurring in the course of rheumatic fever, with death of the patient in twenty-four hours. Nothing peculiar was found on post-mortem examination.

MR. MIALl reports in the *British Medical Journal*, the case of a woman who, in the seventh month of pregnancy, during a violent fit of coughing, fractured the tenth rib transversely, a little anterior to the tubercle.

Medical and Surgical Journal.

BOSTON: THURSDAY, MAY 4, 1871.

THE GAZETTE HEBDOMADAIRE AND THE AMERICAN AMBULANCE.

WE are glad to welcome once more our old friend, the *Gazette Hebdomadaire*; we find it unchanged in appearance and character, notwithstanding its trials during the long siege of Paris.

The leading article in the revived journal gives an account of the ambulances or temporary hospitals organized by the representatives of different nationalities. First in the list comes the American ambulance, and we are glad of the testimony given by the Parisians themselves that the American ambulance has stood in great favor and has done a work of which we may well be proud. The experience gained by our own armies, and so thoroughly elaborated by them in the field and hospital work of our medical staff and of the sanitary commission, has been utilized during the past few months to the advantage of the suffering French soldiers. One question which has been satisfactorily decided by the French themselves has been the great advantage of employing tents in the treatment of the soldiers. Since the Exposition of 1867, when the subject was brought more fully to the attention of European nations by the admirable sanitary collection from America, it has been studied, and at the different hospitals of Paris, at Cochon and Beaujon, their utility has been recognized.

One of the first and most important advantages of the hospital tent is that it can be located at any point. In this respect the American ambulance has been well favored, situated as it is on the Avenue General Uhrich (formerly the Avenue de l'Impératrice), near the Bois de Boulogne. The tent employed is that suggested by Dr. Crane, who brought it to notice before the committee of the commission for relieving the wounded. It is square, about 15 feet long and 11 feet high in the centre. By the union of several single tents, a hospital of any size can be arranged. The bed

used is of the Tucker pattern. The tent is heated as it was in our army, by flues running beneath the floor from stoves outside. The ambulances employed for the transportation of the wounded, the same as employed in the War of the Rebellion, have excited admiration, both by the rapidity with which the wounded can be moved and by the superiority of their construction. The ambulance which, as is known, owes its existence to the energy of Drs. Evans and Crane, still remains under the direction of Dr. Swinburne. The apparatus and the methods of treatment are strictly American in character. The greatest attention has been given at all times to ventilation and disinfection. Thanks to the precautions used, there has not been in the American tents a single case of traumatic erysipelas, of typhoid, of hospital gangrene or pyæmia. The ambulance has received 263 wounded, including 126 cases of compound fractures. Of this total only 48 died, constituting a mortality of 18.25 per cent.

In conclusion, the *Gazette* considers the experience obtained from the American ambulance to be valuable in proving the great advantage of the hospital tents as constructed and carried on by our countrymen, and it attributes their success to the excellent means of transportation, the promptitude in affording relief, and the judicious selection of ground.

LEAD AND "GALVANIZED" IRON WATER PIPES. *Messrs. Editors*,—The communication of Dr. Winsor, found in your *JOURNAL* of April 13, conveys, whether intended or not, an unfair and erroneous impression, and I hope you will allow me space to correct it. Whatever construction may be put upon the language of the Spot Pond Water Commissioners as presented in their circular, it is certain they did not intend to recommend unqualifiedly or "virtually" lead pipes for water conduction. They speak of them as "comparatively safe," that is, compared with the "galvanized" iron pipes, and express a desire that the citizens of Melrose would remove such from their premises, even if lead has to be substituted. The chemists employed by the Board (J. R. Nichols & Co.) do not in the report presented in the circular, "virtually" recommend lead pipes, as stated by Dr.

Winsor. They intended to convey the idea that, as the results of careful experiments made upon Spot Pond water in connection with the two kinds of pipes, lead is less objectionable than the galvanized iron. They state that under "ordinary conditions" lead is safe to conduct Spot Pond water, and this is true of the waters of most New England ponds. The waters of these open reservoirs among the hills are quite free from chlorides and nitrates, and generally hold in solution sufficient carbonic acid to change soluble oxides into insoluble carbonates, therefore the waters exert a protective influence by the formation of an insoluble coating of carbonate of lead upon the interior of the pipes. If this coating was not liable to be interfered with by local agencies, lead pipes would be "virtually" safe to conduct water from these ponds, and I should not hesitate to recommend them. But so long as this liability exists, however small the risk, they must be regarded as dangerous.

For a period of more than twenty years, the writer has made frequent and extended experiments upon waters brought in contact with lead, and these waters have been taken from ponds and open reservoirs in nearly all the New England and Northern States. In 1857, fourteen years ago, he published a paper in this *JOURNAL* upon "local decomposition in lead aqueduct pipes," in which the results of a series of experiments upon Cochituate water were presented in detail. They coincided with those of Prof. Horsford and Dr. C. T. Jackson, the able chemists employed by the city Water Board, so far as relates to the general protective influence of the water, but it was shown that there was danger from local decomposition in service-pipes, and lead was detected in the water flowing into dwellings in various parts of the city. It was proved that local disturbances arose from change in the electrical condition of the pipes, twisted and bent by plumbers when placed in position; also that organic matters—leaves, mud and other vegetable *débris*—were capable of dissolving the coating of carbonate of lead and rendering pipes unsafe. In this communication, which may be seen by consulting files, the writer was emphatic in condemning lead pipes, and in no subsequent printed or verbal communication has he actually or "virtually" recommended them.

As regards the statements of Dr. Winsor concerning the safety of the "galvanized" iron pipes, which have appeared in this *JOURNAL* in the form of reports, &c.,

little need be said beyond the bare expression of regret that such communications should have appeared at all. The question of the influence of zinc-impregnated water upon the health of individuals and families is of the gravest importance, and should not be discussed by one who has no experimental results or personal observations to offer, and who is unable to quote from a single credible or respectable authority. If Dr. Winsor was *required* to write or "report" on the subject, he could have given to his paper some value by consulting proper books and files of scientific journals, and presenting the results of experiments and observations made by others. If he had even opened the U. S. Dispensatory, a book presumed to be found in every doctor's library, he would have learned that the salts of zinc were regarded as poisonous many years ago. Prof. Bache says:—"The compounds of zinc are *poisonous*. The oxide of zinc, used in painting as a substitute for white lead, is said to be capable of producing a colic resembling that caused by lead and called *zinc colic*. It attacks workmen engaged in packing it in barrels, and yields to the remedies appropriate to the treatment of lead colic."

The old *Chemical Gazette* published an article in September, 1850, upon zinc poisoning, in which facts are presented of a startling character. The experiments of Dr. Witherbee and others with the salts of the metal upon animals, prove the oxide and chloride to be fully as dangerous as any of those of lead. The sad and fatal effects which in England followed from the use of milk and butter which had been in contact with zinc vessels, are significant facts which ought not to pass unheeded by careful, competent physicians. Disregarding the allusions to physicians, made by Dr. Winsor, who have with great care reported cases of zinc poisoning in this vicinity and in the Western States, I will simply state that several well-marked cases of zinc poisoning have come under my observation during the past year, and no one can reasonably doubt that a considerable number have suffered to a greater or less extent from the oxide and perhaps chloride of zinc brought to them in water which passes through the so-called "galvanized" iron pipes. To me it is a matter wholly incomprehensible that a physician in respectable standing should be willing to state, over his own signature, that the filthy, unscientific zinc-washed pipes are proper for water conduction, that "no safer available material for water pipes than galvanized iron is

known to us." And this is said after "virtually" admitting that all the zinc is dissolved from the pipes by the water and disappears in a few weeks, and that the carbonate and oxide of the metal are largely found in the water employed in the culinary departments of dwellings.

JAS. R. NICHOLS, M.D.

PLAGIARISM.—We do not mind having short articles, items of information or even Editorial matter filched from our columns, as is constantly happening, without any notice of our ownership in the case; but when a periodical having the standing which *Appleton's Journal* boasts, copies bodily from our columns an entire article without giving credit for it, we feel that it is time for Editorial remonstrance.

Our JOURNAL for March 16 contained an essay on the Climate of the United States, and its Effects on Habits of Life and Moral Qualities. It was translated for the JOURNAL by a literary non-professional gentleman, a friend of M. Desor, and was accompanied by an explanatory letter. The article has been highly spoken of in various directions, and we are glad to see that it has attracted the attention of the Messrs. Appleton; but we regret that they should have allowed themselves to copy it verbatim without credit.

VIENNA MEDICAL EDUCATION.—We are requested by Dr. Lincoln to make the following additions to his article, which appeared in the JOURNAL of last week:—

A. The Professors' regular salaries commence at 2200 gulden, with an increase every five years of 200, until they reach 3000 gulden. Four hundred are allowed, in addition, for Quartiergeld, or rent. Some salaries are considerably larger than the above, the receivers of them having made their own special stipulations with the authorities, at the time they were called to their Professorships.

B. The Examiners in the *Rigorosa* are assisted by the Deans of the Medicinisches Professoren-Collegium and the Med. Doctoren-Collegium.

C. If a student is passed by a *majority* of the *Examining Professors* he has to make up at a subsequent examination only those branches in which he is marked deficient. Otherwise, he makes up *the whole*.

D. Only the professors have votes in deciding upon a candidate's merits. They do not assemble and discuss the matter, but the two deans settle it by a simple reference to the written record made by each professor, the record not being numerical, but categorical.

E. It might seem a truism; yet it is not superfluous to say that the more German one knows, the more medicine he can learn here. Vienna is not a good place to commence the study of German. Besides this, there are a number of small Universities, like those of Leipzig, Halle, Würzburg, where the young physician can study German, and at the same time enjoy the advantages of a good clinic, thus testing from day to day his attainments in the language. Two or three months thus spent will be very well spent.

REMARKABLE EFFECTS OF HYDRATE OF CHLORAL. *Messrs. Editors*,—I notice in the issue of your JOURNAL of March 16th a report of a "case of convulsions in a child of four months, treated successfully by hydrate of chloral." Hydro-chloral may be an excellent remedy for convulsions, and perhaps the gentleman from Lynn does not "state the case too strongly when he says the child's life was saved by the remedy," but does he really mean to say that the chloral made the child of four months "talk"?

This case of remarkable precociousness is only exceeded by another article in the number issued Feb. 23d, which is supposed to have been produced by a surgical operation "for a congenital malformation of the genital organs," on a child five months old. It appears from the report of the case, as copied from the Philadelphia *Medical Times*, that when this child became two years old, the organ presented a natural appearance, and, as in the case of most children of his age, it had a slight tendency to curve downwards while in a *flaccid* condition, "but when in a state of *erection* (?) it became straight and assumed a position at right angles to the body." G. W. R.

ST. ALBANS VILLAGE MEDICAL SOCIETY.—The physicians of St. Albans, Vt., have formed a Medical Society, for mutual improvement, of which Dr. John Branch is President, and Dr. S. S. Clark Secretary. At the meeting for organization, the President delivered an address; we have space for a brief extract only:—

"A man's standing in his profession is measured very much by the company he keeps; if he keeps no company he is nobody. A diploma is evidence of the high position he once arrived at, but it tells us nothing of the present qualifications of its possessor. In the Massachusetts State Medical Society none are admitted upon the strength of it, not even from their own schools. Every candidate for admission must pass a satisfactory examination before their Board of Censors, without which none can be received, for it is not what a man has been but what he is.

"There is no tribunal by which a diploma may be taken from an unworthy possessor, but the names of those who by isolation have become grossly ignorant, or by indulging in a beastly appetite, have been guilty of habitual intoxication or any immorality which would disqualify them for the successful practice of their profession, would be stricken from the records of any Society.

"As a diploma is *prima facie* evidence of what a man has been, so a record of membership in a Medical Society is of what he is now.

"Association is now considered so indispensable that it has been proposed, and will sooner or later be carried into effect, that no diploma will be considered effectual until the possessor has become a member of some Medical Society, and, indeed, such is virtually the case in many places and practically so in Massachusetts, as we have already seen.

"Reading cannot be dispensed with, but it is a poor substitute for association in keeping up with the times. Of course, it is desirable that every practitioner in this village, who is a graduate of any respectable school, should become a member of this Society. Others we could not get if we wished them, for there is no danger of our meetings ever being polluted by the presence of the vile pretenders of our art, whose secret nostrums are kept in darkness, for they shun society as a burglar does the day. In former times, if a man claimed to be a Roman citizen he was respected through the world, and when a man proclaims himself a member of a Medical Association we never feel ourselves in the presence of a quack."

THERE is a dash of genuine sentiment of the right sort in an article by Dr. S. P. Crawford, Collegeville, Cal., in the Nash-

ville Journal of Medicine and Surgery, which induces us to copy his closing paragraph. Such are the pioneers who, in the smaller towns and villages throughout the length and breadth of our land, are ever busy in lending a helping hand to the sick and suffering. A man of this sort would be lost in a city drug store; certainly some of us would be equally at a loss how to proceed, were we in his place:—

“My formula for the administration of the sub. carb. ferri is, no doubt, a little *informal*. I put from a half-ounce to an ounce (according to the quantity I want taken at a dose) in a six-ounce bottle; pour in simple syrup to fill the bottle, and ‘shake well before taken.’ If the powder and syrup are too thick, add a little water.

“I hope my metropolitan brothers will not laugh at this, because there are so many more elegant forms for the administration of this remedy. Recollect that I am my own apothecary, have always been on the outpost, standing picket, as it were, with little of the appliances belonging to medicine, and cannot supply myself with all the elegant forms for the administration of drugs. I can have but few remedies, and they must be reliable. It matters not how they taste, or how they go down, so they go down. I cannot send prescriptions to the drug-man to have them spiced and flavored to taste. I never write prescriptions; the fact is, I don’t know how. I have no *carminatives*, ‘to expel wind, either up or down, to suit the fancy of the patient.’ I preside over my own ‘doctor-shop,’ *otium cum dignitate*, if the jars and bottles do sometimes get full of flies and spiders. My position is one of labor—brain labor, nerve and muscle labor. Like the farmer on a small scale, that has to work in the field, barnyard, garden, potato-patch—cut wood, do *chores*, rock the baby, and go to mill, besides. So I have to be chemist, druggist, apothecary, obstetrician, dentist, surgeon, *corn* and *cancer* doctor, all on the same day. Who wouldn’t be a country doctor? But, *satis superque*.”

Dr. JOSEPH JONES, of New Orleans, Professor of Chemistry in the University of Louisiana, and formerly surgeon in the Confederate States Army, has devoted the past fifteen years to the investigation of malarial and other diseases, including the diseases of the Confederate Army during the War of the Rebellion. He will lay his

Medical and Surgical Memoirs before the profession so soon as a sufficient number of subscribers has been obtained.

PERCHLORIDE OF IRON AND MANGANESE IN NECROSIS, FISTULOUS SINUSES, AND HYDROCELE.—Prof. Marcacci, in an essay on this subject, in the *Revista Scientifica di Siena*, arrives at the following conclusions: 1. Perchloride of iron and manganese, injected into fistulous sinuses, destroys the pyogenic membrane, modifies the state of the walls, and favors cicatrization. 2. In necrosis, it acts on the confines of the living bone, stimulating its vessels; so that the detachment and separation of the dead bone are facilitated by the formation of new vessels in the living. 3. In hydrocele, it soon modifies the inner surface of the tunica vaginalis, which becomes filled with plastic exudation, attended with more or less inflammation, according to the quantity and strength of the injection used. 4. It is not necessary that the tunica vaginalis should be distended by the injection; it is sufficient that the liquid be brought into contact with all parts of the membrane. 5. Very little pain is produced by the contact of the solution, but it is not the less efficacious. 6. A weak solution is sufficient, which should be kept in two minutes. 7. In seven cases of hydrocele in which the injection was used, hard œdema followed, but was not a serious complication.—*Brit. Med. Jour.*

Dr. BROWN-SEQUARD (*London Lancet*, p. 486, Sept. 24), at the recent meeting of the British Association for the Advancement of Science, reported the results of some interesting experiments on the brains of different animals, tending to show that the right side of the brain was more important for organic life than the left side, and that, although the two sides of the brain were precisely alike when the animals were born, by greater development of the activity of one side it afterwards became quite different from the other. He showed also that epilepsy induced in the guinea-pig could be transmitted to its offspring.—*Philadelphia Med. Times.*

It is stated that Baron Liebig has entirely recovered his health and resumed his lectures in the University of Munich. His disease was successive attacks of boils.—*New York Med. Jour.*

Medical Miscellany.

APPOINTMENT.—Dr. William H. H. Hastings, of Boston, has been appointed by the Governor a coroner for the County of Suffolk.

MIDDLESEX NORTH DISTRICT MEDICAL SOCIETY.—At the annual meeting of this Society, the following officers were elected for the ensuing year:—*President*, Gilman Kimball, Lowell. *Vice President*, Levi Howard, Chelmsford. *Secretary*, Geo. H. Pillsbury, Lowell. *Treasurer*, N. B. Edwards, N. Chelmsford. *Curator and Librarian*, Franklin Nickerson, Lowell. *Commissioner on Trials*, John O. Green, Lowell. *Standing Committee*, John W. Graves (Lowell), Hanover Dickey (Lowell), John H. Gilman (Lowell). *Councillors*, Chas. A. Savory, Walter Burnham, Joel Spalding, Nathan Allen, William Bass, of Lowell, and Norman Smith, of Groton. *Censors*, Daniel P. Gage, Moses G. Parker, Lorenzo S. Fox, Charles B. Sanders, Ezra B. Aldrich, of Lowell. **GEO. H. PILLSBURY.**

EFFECTS OF FORMER SYPHILIS UPON WOUNDS.—Dr. John Merkel, of Nürnberg, relates three cases in which syphilitic symptoms made their appearance when cicatrization was almost complete. One case was one of hydrocele, tapped and treated by Beck's method of incising the tunica vaginalis and fixing it by suture to the external skin. The two others were gun-shot wounds. The latent syphilis did not interfere in the least with the progress of healing; but just when the solutions of continuity were upon finally closing, either eruptions appeared over the whole frame, or unmistakable syphilitic tubercles formed on the margins of the wounds. The author ordered mercurial frictions with the best effects.—*Lancet*.

THE following incident happened in the court room here [says Dr. Dan. S. Burr, of Binghamton, N. Y.] the other day, and may be of interest to such of your readers as are students of comparative anatomy:—

The case in point was this:—Mr. A. sold a colt, as a gelding, to Mr. B., which colt had had but one testicle removed, the other remaining within the cavity of the abdomen. The veterinary surgeon who had castrated the animal was sworn, and, on his cross examination, stated the following interesting features in the anatomy of the horse:—

Atty.—What are, and where are varicose veins found?

Witness.—I don't know, but I can tell where the bellicose veins are.

Atty.—Where are they?

Witness.—Close to the belly.

Atty.—Where is the scrotum?

Witness.—I am not quite certain, but I think that it is the film that covers the teeth during infancy.

Atty.—Have you ever made any examinations in the abdominal region?

Witness.—No; all of my examinations have been made in Broome County.

Atty.—That is sufficient.—*N. Y. Med. Gazette.*

"FIR KRAMPS."—Here is a prescription written by a New York "fashion," and which is vouched for by the *Sun* as genuine:—

R. Fir Kramps.

Tinct. Kamfire, won ounce.

Tinct. Lodenum, a little.

Tinct. Hot Drops, a few drops.

Tinct. Kyan pepar, 5 cents worth.

Kloreform, a little, but not much, as it is a dangerous medicine.—*Indiana Jour. of Medicine.*

[**IF** READERS will notice in the advertising sheet to-day that it is the *Old Series* of the *JOURNAL*, and not the *New Series*, of which the publishers are in want of Vols. IV. and VI.]

TO CORRESPONDENTS.—Communications accepted:—Report of an Epidemic of Influenza.—Lead and Galvanized Iron Water-pipes.—Dahring's Study of Dermatology.

PAMPHLETS RECEIVED.—Medicine as an Art and as a Science. An Address before the Massachusetts Homoeopathic Medical Society. By Daniel Holt, M.D., Lowell. Pp. 39.—Proceedings of the State Medical Association of Arkansas, at Little Rock, November, 1870, with the Constitution, By-Laws and Code of Ethics. Pp. 37.—Catalogue of Dental Furniture, Instruments, Implements, and Materials, for sale by Codman & Shurtleff, Manufacturers, Importers, Wholesale and Retail Dealers, 13 and 15 Tremont Street, Boston. Pp. 100.—Annual Report of the Commissioners of Quarantine, to which is annexed the Annual Report of the Health Officer of the Port of New York. Transmitted to the Legislature Feb. 7, 1871. Pp. 32.

Deaths in eighteen Cities and Towns of Massachusetts for the week ending April 29, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	117	Consumption 63
Charlestown	7	Pneumonia 26
Worcester	15	
Lowell	16	
Millford	6	
Chelsea	5	
Cambridge	13	
Salem	6	
Lawrence	11	
Springfield	5	
Lynn	13	
Gloucester	4	
Fitchburg	3	
Newburyport	7	
Somerville	4	
Fall River	13	
Haverhill	3	
Holyoke	3	
251		

Lowell reports two deaths from smallpox.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday April 29th, 117. Males, 57; females, 60. Accident, 1—abscess, 1—apoplexy, 2—bronchitis, 4—inflammation of the brain, 3—congestion of the brain, 3—disease of the brain, 1—consumption, 32—convulsions, 1—croup, 1—debility, 6—diarrhoea, 1—dropsy, 1—dropsy of the brain, 5—epilepsy, 1—scarlet fever, 1—typhoid fever, 4—gastritis, 1—disease of the heart, 7—hæmorrhage, 1—insanity, 1—intussusception, 1—disease of the liver, 2—congestion of the lungs, 2—inflammation of the lungs, 6—marasmus, 5—old age, 1—paralysis, 1—premature birth (one case of triplets), 6—scalded, 2—syphilis, 1—scrofula, 1—disease of the stomach, 1—unknown, 8.

Under 5 years of age, 40—between 5 and 20 years, 10—between 20 and 40 years, 30—between 40 and 60 years, 21—above 60 years, 16. Born in the United States, 82—Ireland, 24—other places, 11.

GRIMAULT & CO.'S PHARMACEUTICAL PRODUCTS,

Prepared with the most scrupulous care, under the immediate supervision of Prof. Leconte, M. D. Pharmacist of the First Class, Ex-Preparator of the course of Physiology, at the College of France.

E. FOUGERA, New York, General Agent for the U. S.

GRIMAULT'S MEDICINAL PEPSINE. IN POWDER.

The therapeutical value of this Pepsine in all disorders of the stomach, resulting from the inability of this organ to digest and assimilate food cannot be over estimated. It is used daily with great success in *Dyspepsia, Slow and Difficult Digestion, Gastralgia, Debility of the Stomach*, from old age or from abuse of liquors, and in *Vomiting during Pregnancy*.

Physicians will please notice that GRIMAULT'S PEPSINE may always be relied upon. Its digestive power, being physiologically tested by Mr. Leconte, late assistant to Claude Bernard, is always the same.

DR. LERAS' PHOSPHATE OF IRON, In Solution, Syrup or Sugar Coated Pills.

A pleasant combination of Pyrophosphate of Iron and Soda, colorless and tasteless. It is readily assimilated and used with great success in *Chlorosis, Anæmia, Dysmenorrhœa, etc.*, replacing all other ferruginous preparations. It never causes constipation.

SYRUP OF HYPOPHOSPHITE OF LIME, DR. CHURCHILL'S PRESCRIPTION.

Prescribed by the most distinguished physicians for affections of the lungs, *Phthisis, etc.* Each tablespoonful contains two grains of the pure hypophosphite.

Also Syrup of Hypophosphite of Soda, of Iron, and of Manganese.

IODISED SYRUP OF HORSE RADISH.

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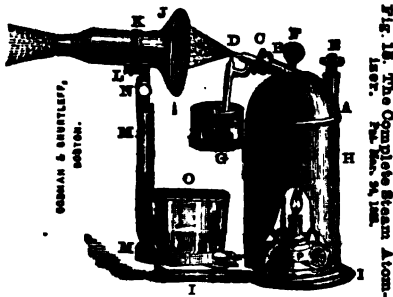


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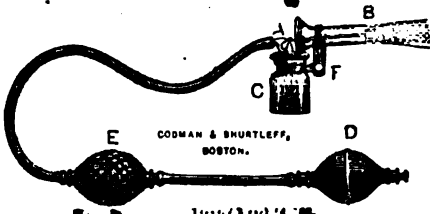
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N17—1y

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The old series of the Journal, which began in 1828, and ended in 1868, forms a valuable compendium of the medical and surgical history of the country for a period of forty years, and complete sets are of course now quite difficult to obtain. The copies of volumes and single numbers which remain in the hands of the Publishers have long been in a scattered and disarranged condition but have lately all been collected in one place, partially arranged, and will soon be so classified that the exact condition of the whole series, with regard to complete sets, will be known. Subscriber, who have in their possession, or who know of others having the earlier volumes of the series which are not wanted by them, are requested to inform the Publishers. By this means it is probable that a few complete sets of the work may be obtained.

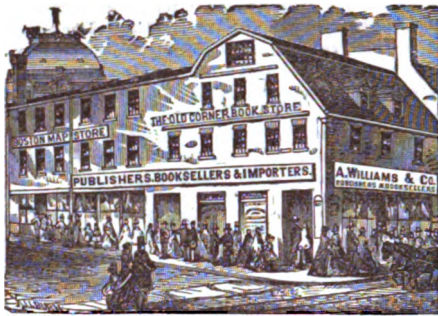
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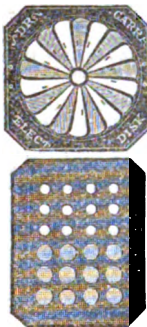
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Mch. 30—

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Whole No. 2258.
Vol. LXXXIV. }

THURSDAY, MAY 11, 1871.

{ New Series,
Vol. VII.—No. 19.

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HARVARD UNIVERSITY.

MEDICAL DEPARTMENT—BOSTON, MASS., 1871-72.

CHANGES IN THE PLAN OF STUDY AND THE REQUISITES FOR A DEGREE.

THE REGULAR COURSE OF STUDY for persons who begin their medical education at this School, will occupy three full years. The year will begin on the Thursday following the last Wednesday in September, and end on the last Wednesday in June, and will be divided into two equal terms. The instruction will be given by Lectures, Recitations and Practical Exercises, throughout the year. The general subjects of the Regular Course of study are:—

For the first year—Anatomy, Physiology and general Chemistry.

For the second year—Medical Chemistry, Materia Medica, Pathological Anatomy, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

For the third year—Pathological Anatomy, Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

No student will receive his degree until he has passed a satisfactory examination in all the above-mentioned subjects. Examinations in all these subjects will be held at the beginning, middle and end of each year.

Students who take the regular course of the School will be divided into three classes according to their time of study and proficiency. Students may be admitted to advanced standing in the regular course; but all persons who apply for admission into the second or third year's class must pass an examination in the branches already pursued by the class to which they seek admission. Students who fail in any subject at one examination may be examined again at the next examination. The regular examinations will be held in the following order:—

At the end of the first year—Anatomy, Physiology and Chemistry.

“ “ “ second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

“ “ “ third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

Students who began their professional studies elsewhere may be admitted to the School and become candidates for a degree without joining the regular classes; such students may take up the subjects which they have not previously studied, in such order as may be thought best, passing the examinations at the beginning, middle and end of each year.

Students who do not intend to offer themselves for a degree, may join the School for one term or more, and pay for instruction in such subjects as they select. Such students will be furnished, without examination, with certificates of attendance.

REQUIREMENTS FOR A DEGREE.—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examinations, and have presented a thesis.

FEES.—For Matriculation, \$5; for the Year, \$200; for either Term, \$120; for Graduation, \$30; for courses in single subjects, according to the detailed announcement.

[] The plan will go into operation on Sept. 28th, 1871, but the changes above described will not affect students who have already entered the School, unless by their choice.

For further information, address

DR. C. ELLIS, Dean,
114 Boylston Street, Boston.

Apr. 20—

ELEGANT PHARMACEUTICAL PREPARATIONS,

MANUFACTURED BY

**JOHN WYETH & BROTHER,
PHILADELPHIA.**

THE attention of Physicians is solicited to our more recent Pharmaceutical Preparations. Our facilities for manufacturing enable us to offer these preparations at a less rate to Physicians and Druggists than they can be prepared for, except on a very large scale. They are made with scrupulous exactness, and are in every respect identical with what we dispense over our retail counters. They will be supplied by the leading Druggists in all our large cities, or we will send samples to Physicians, with price list, free of charge.

Ellixir Phosphate Iron, Quinine and Strychnia.

There is perhaps no prescription so generally used and with such gratifying results, as the above combination. Owing to the intensely bitter taste of the solution or the syrup, patients very generally object to them, and many sensitive stomachs reject their administration. Physicians hesitate to prescribe in pill form from the want of prompt action—the frequent passing away from the system undissolved, and the occasional cumulative action of the Strychnia, when the pills are long retained. This Ellixir has been extensively used with very gratifying results, and does not seem open to any of the above objections. Using pure Alkaloids of Quinia and Strychnia the excess of acid is not required, the bitter taste is not developed, and the Ellixir is readily taken by children as well as adults.

Each teaspoonful contains two grains of Phosphate of Iron, one of Quinia, and one sixtieth of a grain of Strychnia.

Adult dose, one teaspoonful three times a day.

Ellixir of Gentian Ferrated.

This preparation is identical in strength with the Comp. Infusion of Gentian of the Pharmacopoeia, with the addition of one grain of Phosphoreted Iron to each teaspoonful.

This Ferrated Tonic Bitter excites the appetite, invigorates digestion, and operates as a general corroborant. Blended with Aromatics, and slightly acidulated with Phosphoric Acid, it proves grateful to the most delicate stomach.

Give to children one-half to a teaspoonful before eating. Adults, a dessert-spoonful as often.

Ellixir of Hops.

This preparation represents, in the most agreeable form, the Tonic and Anodyne Properties of Hops. There are few medicines of more real value, and less open to objection from continued use, in cases of wakefulness, nervous tremors, and the general irritability so often associated with Dyspepsia. This equals in strength the official Tincture of Hops.

Adult dose, one or two teaspoonfuls.

Ellixir Valerianate of Ammonia.

[Goddard's Formula.]

This preparation, combining the stimulant and anti-spasmodic properties of both Valerian and Ammonia, in a form agreeable and convenient, has proved a valuable agent in all cases of Nervous Derangement, Neuralgia, Hysteria, Nervous Headache, and in all those complicated disorders consequent upon nervous debility and depression.

Adult dose, one or two teaspoonfuls.

Ellixir of the Pyrophosphate of Iron.

Iron with Phosphorus and Calisaya.

Promptly tonic, without being irritating or stimulant, combining the effects of Phosphorus and Iron with the codial and tonic influences of the Chichona Ellixir. The freedom from all unpleasant taste, and the ease with which this preparation is borne by even the most sensitive stomachs, together with its ready assimilation with the food, and consequent rapid absorption, render this preparation specially valuable. It is used with benefit in all instances where a nerve tonic is indicated.

Each teaspoonful represents the activity of five grains of Calisaya Bark, together with two grains of the Soda-Pyrophosphate of Iron. This Salt of Iron is not precipitated in the stomach by the agency of food or gastric juice, and will be found an efficient chalybeate when ordinary iron preparations produce constipation, headache, etc.

The dose for an adult is a teaspoonful three times a day, immediately before or after meals. For children, to be graduated accordingly to age.

Ellixir Pepsin, Bismuth and Strychnia.

This combination consists of Pepsin (prepared from the stomach of the Pig), with the soluble Citrate of Bismuth, and one-sixtieth of a grain Strychnia to each fluid drachm. It has been employed with very great success in Dyspepsia, Gastralgia, General Debility of the System, and in all the numerous disorders dependent on want of tone and vigor of the stomach and digestive organs.

Ellixir of Calisaya Bark.

An Agreeable Stomachic and Efficient Tonic.

This is a most delightful and energetic tonic and restorative. Prepared with Sherry Wine, Peruvian Bark, and Aromatics, it is peculiarly grateful to patients suffering from debility, loss of appetite, and general lack of nervous force.

Each fluid drachm represents five grains Calisaya Bark.

Directions.—A teaspoonful for children, a dessert-spoonful to adults, three times a day, or as required.

Compound Syrup of Hypophosphites.

This preparation, suggested by the experience and researches of Dr. CHURCHILL, is composed of the Hypophosphites of Lime, Soda, Potassa and Iron. The theory of the advantage of the Hypophosphites is based upon the elimination of free Phosphorus into the system. The therapeutic effect would seem to sustain the value of this preparation, from the benefits derived from their use, both here and abroad.

Each fluid drachm contains two grains Lime, two grains Soda, one grain Potassa, one half grain Iron.

Adult dose, one teaspoonful three or four times a day.

Compound Syrup of Phosphates, or Chemical Food.

Composed of the Phosphates of Lime, Soda, Potassa and Iron.

This preparation was introduced by Professor JACKSON, of the University of Pennsylvania, and has been extensively prescribed with very gratifying results. It is not intended as a popular remedy, but is submitted to the Medical Faculty as a nutritive tonic, well suited to supply the waste of elementary matter in the human system during the progress of chronic cases, particularly in Dyspepsia and in Consumption.

By careful and intelligent manipulation, the salts are all held in complete solution, hence their efficiency in a small dose. This preparation is pleasant to the eye, agreeable to the taste, and grateful to the stomach, and does not nauseate by protracted use.

Each fluid drachm contains one grain freshly precipitate Phosphate of Iron, two grains Phosphate of Lime, one grain Phosphate of Soda, one-half grain Phosphate of Potassa, with slight excess Phosphoric Acid.

Adult dose, a teaspoonful.

Bitter Wine of Iron.

Citrate of Iron and Peruvian Bark.

Prepared with Sherry Wine, Calisaya Bark, and Citrate of Iron; each fluid drachm represents two grains of the ferruginous salt, and the activity of five grains of Calisaya Bark.

Among the many chalybeate and vegetable tonic combinations that are justly entitled to a high degree of favor, we know of none more worthy of esteem than this. The happy effect, in many cases of debility, loss of appetite and general prostration, of an efficient Salt of Iron combined with our most valuable Nerve Tonic, has been so frequently demonstrated, that we feel every confidence in recommending it. For an adult a teaspoonful immediately before or after each meal.

[Continued on next page.]

WYETH & BRO'S PREPARATIONS—continued.

Elixir Bromide Potassium.

The Elixir contains ten grains Bromide Potassium in each teaspoonful, and is an agreeable and elegant form of administering this highly prized alterative and nerve sedative. The objectionable saline taste is completely masked in this Elixir, and the Bromide will be found less apt to produce nausea and derangement of the digestive organs.

Elixir Calisaya Bark, Iron and Bismuth.

This Elixir contains one grain of Soluble Citrate of Bismuth in each teaspoonful of the Ferrated Elixir of Cinchona. The addition of the Soluble Salt of Bismuth gives increased value, in cases of debility, dependent on enfeebled digestion, or associated with gastritis.

Elixir Calisaya Bark, Iron and Strychnia.

Each teaspoonful contains one-fiftieth of a grain of Strychnia; this enhances the tonic power, and will be found a valuable adjunct to the other constituents, when a powerful nerve tonic is desired.

Each fluid drachm contains Calisaya Bark, two grains Iron, one-fiftieth grain Strychnia.

Wine of Wild Cherry Bark.

This is a pleasant and concentrated preparation of Wild Cherry Bark, and will prove an elegant form of administering this valued tonic and sedative. Each fluid drachm represents twenty grains of the bark, collected at the proper season.

Adult dose, one teaspoonful.

Ferrated Wine of Wild Cherry Bark.

Few medicines combine so pleasantly as valuable effects as the carefully selected bark of the Wild Cherry. Uniting a tonic, expectorant and sedative influence, it is indicated in most cases of debility, particularly when accompanied by local irritation. By careful and elegant pharmacy we combine in this preparation a prosalt of Iron, giving the advantage of a combination so frequently desired.

Each fluid drachm contains twenty grains of the Bark, two grs. Iron.

Wine of Ergot.

There is no preparation more dependent for its value upon intelligent selection of the drug and careful preparation, than Wine of Ergot, and perhaps none more uncertain in effect as generally dispensed. We have long prepared it with carefully selected and fresh ergot, and feel assured physicians will not be disappointed in the effect. Strength, United States Dispensatory.

Wine of Pepsin.

From the Stomach of the Pig.

This is the most effective and agreeable form of administering Gastric Juice as an aid to enfeebled digestion. We add, in the preparation of our Wine of Pepsin, a small quantity of Lactic Acid, supplying the want of the necessary acid, and increasing greatly the efficiency of the remedy.

Adult dose, one to two teaspoonfuls.

Elixir of Bismuth.

The greater efficiency of Bismuth in solution, over the insoluble salts, usually given, recommends this preparation in the many cases of gastro-intestinal irritation, in which bismuth is indicated. This Elixir contains two grains of the Citrate of Bismuth in each fluid drachm.

Adult dose, one teaspoonful.

Comp. Fluid Ext. Buchu and Pareira Brava.

This fluid extract is composed of equal quantities of Buchu, Pareira Brava, and Collinsonia Canadensis. As a tonic and diuretic it will be found of great value; exerting prompt remedial action in Calculous Affections, Chronic Inflammation, and Ulceration of the Kidneys and Bladder, Leucorrhoea, Dropsy, &c.

In Chronic Inflammation of the Bladder, for allaying irritability of that organ, and correcting the disposition to profuse mucous secretion, we specially recommend it.

Adult dose, one teaspoonful three times a day.

Beef, Iron and Wine.

Extract of Beef, Citrate of Iron and Sherry Wine.

As a Nutrient Tonic and Mild Stimulant, this combination has proved especially efficacious in many cases of enfeebled digestion, loss of tone and vigor, impoverished blood, and in the many ailments consequent upon general debility. It is prepared with great care from selected beef, one-third of which has been partially roasted to develop the osmazome; thus rendering it more grateful to the taste and less apt to occasion disgust from continued use.

We claim and believe that our Extract of Beef is superior to any offered to the Medical Profession or to the public, and it is used in this preparation.

Each fluid ounce represents two ounces of fresh beef, and four grains of Citrate of Iron in one ounce of Pure Sherry Wine.

Adult Dose.—One tablespoonful three or four times a day, between meals or when fatigued and exhausted. The dose for children should be graduated according to the age.

Tasteless Cod-Liver Oil.

The value of Cod-Liver Oil is so generally recognized, and has been used so long as a popular remedy with gratifying results, that it is needless to repeat what is so well known to every Physician as to its therapeutic value, or the special diseases in which it is indicated. To many invalids, Cod-Liver Oil in its natural condition, and as usually dispensed, is so distasteful that they are unable to take it, and are consequently denied the benefit of a remedy combining both nutriment and remedial properties to an unusual degree.

To obviate this objection, we have for some years prepared our pure Cod-Liver Oil in the form of an emulsion, so perfectly disguised as to be given readily to Children and Adult Patients, hitherto unable to take the oil even in minute doses.

Adult Dose.—A tablespoonful three times a day. Children in proportion to age.

Tasteless Cod-Liver Oil. Ferrated.

Physicians frequently wish to administer Iron with Cod Liver Oil; as the majority of patients to whom the oil would prove serviceable derive benefit from some Salt of Iron that would be really assimilated. It is generally believed that the efficacy of all Iron Preparations is much enhanced when given with Cod-Liver Oil or some similar nutrient, for which reason the Profession invariably prescribe chalybeates at meal time. To each teaspoonful of our Tasteless Cod-Liver Oil we add one grain of Pyrophosphate of Iron, which will remain in permanent solution. Children and invalids, however fastidious, can take our Cod-Liver Oil prepared in the form of an emulsion, without difficulty, being pleasantly flavored and perfectly disguised.

Adults should take from a dessert to a tablespoonful three or four times a day. Children in proportion to age.

Suppositories.

Rectal, Vaginal, and Male Urethral Suppositories and Soluble Possaries of pure Butter Cacao, made with great care, and of every variety of combination. Lists sent on application.

Sponge Tents

For the Urethra, of every size and style, made of finest quality of sponge. Can be ordered with or without Carbolic Acid.

Medicinal Pearls.

Pearls of Chloroform, Aipol, Oil of Turpentine, Copaiba, Worm-seed Oil, Oleo Resin Cubebs, Oils of Copaiba and Cubebs.

Lozenges.

Jackson's Ammonia, Jackson's Pectoral, Rose Leaf and Alum, Chlorate of Potassa, &c. &c.

Surgeons' Roller Bandages.

We have always in store a large assortment of Surgeons' Roller Bandages, of every size. For convenience of physicians we have them put up in boxes, six dozen in each, assorted sizes. Hospitals furnished at low rates by the gross.

Plaster.

Adhesive Plaster spread on light or heavy twilled muslin, as may be desired. Belladonna Plaster spread on muslin, 5 yard rolls. Isinglass Plaster, in 1 and 5 yard rolls.

In addition to the above, we prepare all the other popular Pharmaceutical combinations, which we supply at reasonable prices.

JOHN WYETH & BRO.,

1412 Walnut Street, Philadelphia.

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A VALUABLE REMEDY.

Dr. HAYDEN'S Successful Prescription for
DYSMENORRHOEA,

AND ALL PAIN OF THE STOMACH AND BOWELS.

A Powerful Anti-Spasmodic and Nervine.

The Saturate of Viburnum Compound.

PREPARED from the original formulae of W. R. Hayden, M.D., of New York, by the New York Pharmaceutical Company, expressly for Physicians' Prescriptions.

The Company take special pleasure in asking the attention of the profession to Dr. Hayden's Saturate of Viburnum Compound, as they are confident it will meet with their warmest approbation, and be found to approach as near a specific in *Dysmenorrhœa* as any one medicine can, and that it is a more important addition to the physician's list of valuable remedies than the Hydrate of Chloral, or any of the various preparations which have been introduced to the profession since the discovery of anaesthesia. The Saturate of Viburnum Compound contains no preparation of opium or other narcotic, and may be administered freely without any unpleasant after-effects.*

The Viburnum Compound has been extensively employed for the past two years by physicians in New York, Boston, Providence, and many other places, with universal commendation from those who have employed it.

Prepared only by the New York Pharmaceutical Co. Laboratory, Bedford Mineral Springs, Mass.

Price, \$2 per pound.

Dispensed by all Druggists.

Physicians prescribing the Saturate of Viburnum Compound should be particular to write for "Hayden's."

* For formulae, see Company's Hand-Book of Hayden's Saturates (225 different kinds), which may be had free on application, by enclosing stamp for postage.

Price Reduced!

PHOSPHORUS PILLS.

HAVE proved to be a valuable remedy in the treatment of all diseases of the Brain and Nerve Centres, particularly *Lapses of Memory*, Mental Derangement, Paraplegia, Paralysis and Impotency—especially in the three last, and in all cases where there is a loss of Nerve or Vital Force.

The Simple and Compound Phosphorus Pills were first introduced to the profession five years since by this Company, they having procured the formulae from Dr. Hayden; and they prepare them strictly according to his directions. The Phosphorus Pills are now prescribed in almost every city and town in the United States and in many parts of Europe; and but few remedies have met with more approval.

The two following letters are a sample of over 150 received.

Meriden, Ct., Oct. 16, 1869.

Dr. Hayden,—Dear Sir:—I have used your Compound Phosphorus Pills the past six months, in a number of cases of Anaphrodisia, and in physical and nervous weakness caused by protracted influences injurious to the vital economy, and have been very much pleased with their effect. I have also used them with much benefit in inflammation of the prostate gland, and in affections of the spinal cord. I have used Phosphorus with Sugar of Milk, Glycerine, Sulphuric Ether, and Alcohol, also Phosphoric Acid, but I think your preparation in Phosphorus is far preferable to others.

Respectfully, CHAS. H. B. DAVIS, M.D.

Howell, Mich., Sept. 2 1870.

W. R. Hayden, M.D.,—Dear Sir:—I am delighted with the Phosphorus Pills, and would rather pay twice their price than be without them. I have used them myself, and have been able to perform double the amount of labor that I should have done were it not for them.

Yours, &c,

W. L. WELLS, M.D.

Dr. G. Dujardin Beaumetz, of the Hospital de la Pitié, Paris, concludes, after an elaborate study of the action of phosphorus in locomotor ataxia, that—1. Phosphorus appears to have a favorable influence in progressive locomotor ataxia. 2. Phosphorus acts as an excitant and as a tonic to the nervous system. It returns to the nervous tissue an indispensable element. 3. The administration of Phosphorus should be commenced in small doses, one milligramme (about the 1-60 of a grain), and increased gradually until the dose of one centigramme (1-6 of a grain) is reached. The administration should cease when digestive troubles supervene.—*Bulletin General de Therapeutique*, Jan. 15, Feb. 29, March 18, 1868.

The Simple Phosphorus Pill consists of the one-hundredth of a grain of Phosphorus in Suet, Sugar-Coated. The Compound Phosphorus Pill the one-hundredth of a grain of Phosphorus and one quarter of a grain of *Nux Vomica*, in Suet, Sugar-Coated. The Compound is the most employed.

Put up in boxes of 100 each. Price, \$2 per 100.

Dispensed by all Druggists, or they will be sent by mail on receipt of price, by the N. Y. Pharmaceutical Co., Bedford Springs, Mass.

NOTE.—Physicians prescribing the Phosphorus Pills should be particular to designate whether *Simple* or *Compound* Pills are desired, and also to write for "Hayden's" Phosphorus Pills, as a firm in Philadelphia, having no sympathy with the GOLDEN RULE, have appropriated Dr. Hayden's original formula and language to their own use, in order to profit by the considerable sums of money paid to the various medical journals by this Company, in calling the attention of the medical profession to the value of the Phosphorus Pill. It is very questionable whether men who will stoop to such dishonorable transactions in business can be trusted to prepare medicine for the profession and the sick.

Mch.16—1y.

THEODORE METCALF & CO.,
APOTHECARIES,
39 TREMONT STREET, BOSTON,
Importers of Rare Chemicals and New Remedies,
MANUFACTURERS OF STANDARD PHARMACEUTICAL PREPARATIONS.

FLUID EXTRACTS,

Made in accordance with the U. S. Pharmacopoeia and of full official strength. The attention of Physicians is called to these preparations; they will be found to represent fully the drugs from which they are prepared, and to be entirely different from the commercial articles.

Elixir Calisaya Bark, Ferrated Elixir Bark, Elixir Bark, Iron and Bismuth, Elixir Valerianate Ammonia, Elixir Valerianate Ammonia and Quinine.

Bitter Wine Iron, Syrup Codeine, Syrup of the Hypophosphites, Compound Syrup of Phosphates (Chemical Food), Syrup of the Phosphates of Iron, Quinia and Strychnia, Fluid Extract of Sumbul or Musk Root.

Deodorized Tincture Opium, Solution Bismuth, Styptic Colloid, Benzoinated Zinc Ointment, Savin Cerate, U.S.P., Stramonium Ointment, U.S.P., Rhigolene, Medicated Suppositories for Rectum and Vagina, together with a full stock of all the usual pharmaceutical preparations.

Among our Importations of Rare Chemicals and New Remedies, will be found

Ozone Ether, or Etherial Solution of Peroxide of Hydrogen, Chlorodyne, Narceine, Bimeconate Morphia, Tinct. Meconiate Morphia, Apioi, Chlorate Quinia, Sulphate Nickel, Solution Glonoine, Extract Cotyledon Umbilicus, Salts of Lithia, Oil Male Fern, Kamala (Rottlera), Kouso, Extract Calabar Bean, Calabar Bean Gelatine, Atropine Gelatine, Iodoform, Protein, Pancreatine, Pancreatic Emulsion, Pepsina Porci, Pepsine, Pepsine Lozenges, Wine and Elixir, Papaverine, Saccharated Wheat Phosphates, Savory & Moore's Liebig's Food for Infants and Invalids, Granular Effervescent Preparations, Citrate Magnesia, &c., Albespyres' Blister, Tela Vesicatoria, Liebig's Extract Meat, in 2, 4, 8 and 16 oz. pots.

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BULLOCK & CRENSHAW'S SUGAR-COATED PILLS and GRANULES.

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Constantly on hand a variety of the

FRENCH PROPRIETARY ARTICLES

In use in this country. A full Assortment of

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Comprising his entire list.

MEDICINAL POWDERS, OILS AND EXTRACTS,

Of full official strength and fine quality.

FRESH IMPORTED LEBCHES,

At retail or in quantity.

PROPRIETORS OF

BURNETT'S PURE COD-LIVER OIL,

Carefully prepared only from fresh and healthy livers.

DR. J. C. B. WILLIAMS, Consulting Physician to the Brompton Hospital for Consumption, after an experience of over forty years in the treatment of Consumption, during which time he treated more than twenty thousand cases, says, in the *London Lancet* for 1868:

"The great remedy, more essential and more effectual than any other, is Cod-Liver Oil—the pure, pale oil, simply extracted from the fresh, healthy liver of the fish; and I have no hesitation in stating my conviction that this agent has done more for the consumptive than all other means put together, and so far is this remedy from having 'had its day and gone out of fashion,' that, in my experience its usefulness and efficacy have gone on increasing in proportion to the greater facilities for obtaining it in a pure state.

"Here is the remedy—the only one worthy of the name—which, if carefully and faithfully used, may arrest and cure the disease, and is pretty sure to retard it and prolong life more than any other known means.

"The average duration of life in phthisis has, during my experience of forty years, been quadrupled or raised from two to eight years.

"Cod-Liver Oil surpasses all other oils and fats, in the facility with which it forms emulsions, which are tolerated by the stomach and readily absorbed into the blood, without causing the nausea and bilious derangement that commonly result from an excess of fat food.

"The use of Cod-Liver Oil should be continued for a long time—perhaps for months, or even years."

In conclusion, he says that, "Under careful treatment life may be prolonged for many years in comfort and usefulness, and in not very few cases the disease is so permanently arrested that it may be called cured!"

Morson's English Chloral Hydrat—Also Schering's German do.

In 1, 4 and 8 oz. bottles.

THEODORE METCALF & CO., 39 Tremont Street.

BOSTON, OCT. 1870.

PRICED LIST SENT ON APPLICATION.

Oct 20—emly.

HAZARD & CASWELL'S PURE COD-LIVER OIL.

Prepared on the Sea-Shore of Cape Cod and Cape Ann, by Mr. CASWELL, personally,
from Fresh and Selected Livers.

The universal demand for an article of Cod-Liver Oil that could be depended upon as *strictly pure and scientifically prepared*, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the *Fishing Stations*, where the fish are brought to land every few hours, and the livers consequently are in great perfection. Its manufacture is personally superintended by our Mr. Caswell, and every gallon made is closely scrutinized. This Oil is confidently recommended to the Trade and Medical Profession as the *Sweetest and Purest* in market.

It is made of fresh selected livers on the sea-coast, and can be retained by

The nauseous and offensive character of the usual Cod-Liver Oil in use is extremely prejudicial—more so than none at all; so that an article fresh and pure is indispensable.

☞ Sole Manufacturers and Proprietors, CASWELL, HAZARD & CO., under Fifth Avenue Hotel, New York City



the stomach when other kinds fail, so sweet and pure is it from the great care and skill attending its manufacture.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's oil, and give you my decided preference."

Prof. Hayes, State Assessor, of Mass., after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have carefully studied the effects of different Cod Liver Oils, have unanimously decided the *light straw-colored Cod-Liver Oil* to be far superior to any of the brown oils.

THE BEST THREE TONICS OF THE PHARMACOPŒIA.

IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & CO. also call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable

Ferro-Phosphorated Elixir of Calisaya Bark,

a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome without any injury to their active tonic principle, and blended into a BEAUTIFUL AMBER-COLORED CORDIAL, delicious to the taste and acceptable to the most delicate stomach.

A teaspoonful contains one grain of the Salt of Pyrophosphate of Iron, and a pint of the mixture contains the virtue of one ounce of Royal Calisaya Bark. The Profession are warned against many imitations of the Ferro-Phosphorated Elixir of Calisaya, made from very inferior materials.

Ferro-Phosphorated Elixir of Calisaya Bark, with Strychnia.

This preparation contains one grain of sulphate of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effects.

Ferro-Phosphorated Elixir of Calisaya, with Sub-Carbonate of Bismuth.

This combination has now become exceedingly popular with the first physicians of the country, by whom it is efficiently and successfully used in gastralgia, laborious digestion, acid eructations, nausea, debility, and nervous derangements. Each tablespoonful contains eight grains Ammonio Citrate of Bismuth, four grains Pyrophosphate of Iron and three-quarters grain Quinine in its natural state of combination.

Simple Elixir of Calisaya.

Where an efficient tonic is required, and in cases where Iron is contraindicated, our simple Elixir of Calisaya will be found of admirable service. In it the finest variety of Calisaya Bark is combined with aromatics and made into a ruby-colored cordial, which is very pleasant to the taste and friendly to the stomach. One pint of the Elixir contains the virtues of one ounce of the Calisaya.

iodo-FERRATED COD-LIVER OIL.

This combination holds sixteen grains *Iodide of Iron* to the ounce of our *pure* Cod-Liver Oil ["*Oleum Morrhum*"] in perfect solution, making a pleasant and beautiful, clear, light-brown combination, free from the unpleasant inkiness of the Iodide of Iron. It possesses not only the nourishing properties of the Cod-Liver Oil, but intensified by the powerful tonic and alterative effects of the Iodide of Iron, thereby assisting the assimilation of the oil by the stomach, and increasing its nutrition, making this invaluable remedy (Cod-Liver Oil) far more efficacious in scrofulous and other diseases indicating its use.

This combination is one much desired by the Profession, and one, when Iron is indicated (as in most cases), the practitioner will find invaluable. One of the advantages of the Iodo-Ferrated over *all* other combinations of Cod Liver Oil is, that a much less quantity is sufficient for a dose, as it contains four or five times the amount of Iodine found in the natural oil. Physicians can rely upon this preparation as containing sixteen grains of the *Iodide of Iron* in each ounce of Cod Liver Oil.

Manufactured solely by CASWELL, HAZARD & CO.

Cod-Liver Oil, with Iodine, Phosphorus and Bromine.

This preparation represents *Phosphorus, Bromine, Iodine* and *Cod-Liver Oil* in a state of permanent combination. Bound indissolubly with Caswell, Hazard & Co.'s pure straw-colored Cod Liver Oil, the Phosphorus and Iodine are carried directly with the oil into the blood and there decomposed.

The following are the proportions and constituents of one pint of our Cod Liver Oil with Iodine, Phosphorus and Bromine: Iodine, 8 grains; Bromine, 1 grain; Phosphorus, 1 grain; Cod-Liver Oil, 1 pint. Manufactured by CASWELL, HAZARD & CO.

JUNIPER TAR SOAP.

This article is highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is manufactured by ourselves from the purest materials, and is extensively and successfully prescribed by the most eminent physicians of New York. Samples of our Preparations furnished free to the Profession on application.

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Original Communications.

QUACKERY IN THE REGULAR PROFESSION.*

An Address delivered before the Bristol North Medical Society, March 8, 1871, by BENONI CARPENTER, M.D., Pawtucket, R. I.

It is a matter of deep interest to the student of medical science to search the records of early medical history, its truths, its laws, its fallacies, and its delusions, and compare them with those of the present age. In this examination, we are most forcibly impressed with the grossly empirical delusions in the early history of the healing art.

Scarcely had medicine been studied as a science, when then, as now, the empiric entered the field, not for the purpose of investigating and applying truths, but to delude and deceive with the most absurd hypotheses and gross falsifications.

Hence the marvellous cures pretended to be produced by means entirely inadequate to produce any medicinal results whatever. Witness the weapon ointment, whose virtue consisted not in the unguent itself, but in its application to the *instrument* with which the injury had been produced. Smear the bludgeon with which the skull had been fractured, or the stiletto whose sharp point had punctured the lungs, with the ointment, and the wound is healed!

How much more of reason is there in the modern assertion that the millionth part of a grain of carbonate of lime, or of common table salt, will produce a decided medicinal effect upon the human system?

Scarcely had this delusion disappeared when it was supplanted by another not less absurd, and so wide spread was it that nearly all Europe became subject to its

gross impositions. The royal touch was the grand panacea, not for scrofula only, but for nearly all the diseases in the medical vocabulary. So great was the crowd of applicants that many were unable to reach the kingly presence, and were compelled to retire, without receiving the benefit of the regal laying on of hands.

In immediate succession, Bishop Berkley discovered that *tar-water* was the panacea for all the ills to which flesh is heir. Unfortunately for him (but perhaps not for the rest of the human race), his life terminated suddenly, before he had an opportunity of making an universal application of his grand catholicon; and Dr. Holmes intimates that he would have lived to the age of Methuselah, and perhaps never have died at all, but for the severity of the disease, which killed him before he had time to mix a pint of his tar-water.

Then followed, in almost indecent haste, Perkins's celebrated metallic tractors, with power to extract pain from any part of the human system, by bringing the points from opposite directions into juxtaposition to each other. This delusion was almost world-wide, and the tractors sold for fabulous prices; nor was the delusion detected until it was proved, by experiment, that points of wood would produce equally marvellous results.

We are disposed to smile at the credulity which could tolerate for a single moment so great deceptions and absurdities. What, then, shall we say of that prince of humbugs now pervading the community, and which puts into the shadow of darkness all previous medical delusions and claims to be dignified with the name of science?

But it is not my purpose on this occasion to read a homily upon medical delusions, either ancient or modern, outside of the regular profession; but rather to notice, very briefly, some of the quackeries, or, to use a more agreeable term, violations of medical etiquette, or ethics, too often practised by members of the regular profession.

First. We propose to notice some of the quackeries of the regular physician in his daily routine of practice.

TAUNTON, Mass., March 13, 1871.
* DEAR SIR,—At the meeting of the Bristol North Medical Society last Wednesday it was voted "That the thanks of the Society be tendered to Dr. Carpenter for his able and interesting essay." Also, voted, "That we request Dr. Carpenter to furnish a copy of his essay to the Secretary of the Society for the purpose of publishing in the Boston Medical and Surgical Journal."

Truly yours, E. J. BASSETT, Sec.
Dr. BENONI CARPENTER, Pawtucket, R. I.

VOL. VII.—No. 1

[WHOLE No. 2258]

Second. Of the consulting physician in his consultations.

And, first, the physician should never (if the disease be of any importance) relinquish a well-formed medical opinion, to that of a nurse, or any one else outside of the profession. Due regard should be given to the opinions of others, and they may be held for consideration; but never should they supplant a well-grounded medical opinion based upon a carefully formed diagnosis. No outside suggestion should be allowed to supersede such well formed opinion, however strong the outside pressure may be. I am aware we are often accosted by our patients in this wise:—"I cannot take this, and I cannot bear that; will not something else do as well? Will not some herb tea do in the place of a cathartic, or hot flannels instead of a blister?" &c. We answer, no physician should for a single moment give heed to such interrogatories, if they conflict with his own views and endanger in the slightest degree the safety of his patient. The moment he recognizes outside suggestions in place of his own convictions he ceases to be the adviser and becomes the advised, belittles himself and degrades the profession. It is related of the celebrated Dr. Physick, of Philadelphia, that in the early part of his practice he was called to a sick lady of distinction, and, after a careful examination, he proposed bleeding. "Oh no, she could not be bled; would not something else do as well?" The Doctor answered that, in his opinion, nothing would. Well, she could not be bled. The Doctor took his hat, and remarked as he left, "*Madam*, you had better call some physician in whom you have confidence." Had he succumbed to her wish and played the quack he would have retained his patient, but he preferred to be the physician. How many physicians of the present day would act the part of Dr. Physick?

Again, public opinion has a very decided influence upon medical practice. Every physician desires to be popular, and hence is in danger of seeking the applause of the populace rather than the welfare of his patients. Is not the profession (at the present time) often restrained from the use of active remedies, clearly indicated, in acute inflammatory diseases, on account of popular sentiment?

But it is averred that diseases have changed in their character; that they are less inflammatory in their nature, and that many are selflimited. Admit, if you please, that there have been some changes in the symptoms of diseases, and that many are

selflimited; yet pleurisy is inflammation of the pleura, and pneumonia inflammation of the lungs, and sanguineous apoplexy means a bloody effusion, or congestion, of the brain. Now if it be true that leeches relieve an inflamed eye by the abstraction of blood, why is not the same reasoning true when applied to other inflamed organs? And if so, then the lancet, or leeches, are most clearly indicated in many active inflammations. A few years since there was but one opinion in the profession with regard to the treatment of many acute inflammations. The lancet or leeches first, followed by a strictly antiphlogistic course, and this treatment was successful.

The late venerable Dr. Levi Wheaton, of Providence, said to me a short time before his death that, upon reviewing a practice of more than sixty years, if there was a single feature where, in his treatment, he had failed in answering the indications of disease correctly, it was in leaving his lancet in his pocket when he ought to have used it. He lived in an age when matters pertaining to medicine were shaped and expounded by the profession, and not by popular prejudice.

But we are assured that active treatment debilitates the patient. *Debility* is the elephant in our way; is it not easy to remove debility if the disease be overcome? What care you for the debility incident upon phlebotomy in pneumonia, if you have removed the disease? and so of many other active inflammatory diseases.

But methinks I hear the inquiry, what are we to do in such cases? I answer, be men! Have decision of character; abide by what is right. Do not turn nurse, apothecary, or quack, and allow either of them to take your place. But in all cases, and under all circumstances, answer correctly the indications of disease, regardless alike of non-medical advice, or the dictation of individuals, or pressure of public opinion.

A second form of quackery appears, under the head of the Specialist. *Fashion* is no more powerful, fickle, or tyrannical, in dress than in disease, and its medical treatment follows in her train with great facility. Some medical gentleman, with great avidity, seizes the signs of the times, and advertises that he is prepared to cure the latest fashionable disease, in the most approved and fashionable manner. He may be an ignoramus in relation to this or any other disease. Quite likely he is: but he has entered the lists; he has got into the field in advance; he has advertised as a specialist, and his office is crowded with patients, and

he is ready to receive them, and deceive also. Not many years since, it was fashionable for married ladies to be afflicted with real, or imaginary, prolapsus uteri, and they must have a specialist to treat them. The family physician (no matter how eminent in his profession) was of no account; his advice was nothing. It must be a doctor who advertised that he had special knowledge of this particular organ, and its diseases. *Liberties*, by way of examinations, and otherwise, are permitted to the specialist which are not allowed the family physician, because he (the specialist) deems them necessary to cure the disease. A few years since hundreds of women flocked to New York, to be Vanderveered for this disease, and after having endured treatment for weeks and months, returned with lighter purses and more quiet tongues, if not wiser heads. I never heard any one complain of having received any benefit from the treatment, but Vanderveer made a fortune.

Still more recently, it became fashionable for many persons, especially *clergymen*, to have sore throats (bronchitis), and immediately appeared the advertisements of throat doctors. There were sponges, swabbers and dusters. No physician could treat this disease but the special throat doctors, and to them patients resorted (especially clergymen) and had their throats swabbed and sponged and dusted, until the whole system became saturated with nitrate of silver, and the patient became a perfect *blue skin*. This bluing process put the disease out of fashion, and with it, the special treatment. *Clergymen* have ceased to have bronchitis, and hence it is not fashionable for their parishioners to have it. The specialist has ridden his hobby to its goal, and is now waiting (Micawber like), for something else to turn up.

A third species of quackery is often practised by misrepresenting the severity of disease, in order to create the belief that marvellous cures have been effected. Some physicians always have *very sick patients*, but they generally recover. Even in the simplest disease, they put on a long face, and a very wise expression, and prognosticate that this is a very, very doubtful case, and needs the utmost care and attention. This may be a very well arranged ruse for the physician, but quite a different affair to the patient. It may not always be wise to apprise the patient of his real condition, but the friends of the patient have a right to know the whole truth, and the physician

who misrepresents, or exaggerates, a disease, and thus produces unnecessary alarm on the part of the friends, and increases the danger of the patient, for the purpose of creating the belief that he produces marvellous cures, has no apology for his misrepresentations. It is downright quackery.

So also of him who misnames disease for the purpose of making it appear that he cures almost incurable diseases; as, for example, calling simple varioloid, confluent smallpox, or ordinary quinsy, or bronchitis, diphtheria.

A few years since, I was called in haste to see a sick child, and on my arrival was informed, that the messenger had made a mistake; that another physician was wanted. As I turned to leave, the good lady asked me to walk in and see the child, saying, at the same time: "I hear you have never seen a case of diphtheria, and this child has that disease." I walked in and examined the patient, then asked: "Is this a case of diphtheria?" "Yes; so says Dr. —." "Then I have made a false statement. I have seen many cases like this." It was a very mild case of bronchitis. The good lady expressed great satisfaction that Dr. — understood the disease so well. He had had a great number of diphtheritic patients, and cured them every one. That Dr. — is an avowed Homœopath; is a member of the Massachusetts Medical Society in good standing, and resides within the limits of this district.

But this is not an innocent deception to the patient and his friends, if it be on the part of the medical attendant. Any alarm (especially if it be unnecessary) is entirely without excuse on the part of the physician. It creates an unnecessary anxiety on the part of friends, and upon the patient himself despondency, and depression of mental, moral and physical energies, which greatly retard recovery, and not unfrequently accelerate, if they do not produce, a fatal termination.

While in the army, I received a telegram announcing that a very dear friend of mine had diphtheria. I immediately hastened to her relief. I found her in a terrible state of depression and anxiety on account of the fatal nature of the disease. She knew what diphtheria was; she knew that it was generally fatal. The announcement of the disease by her physician, together with her knowledge of its nature, and generally fatal termination, had produced entire prostration of the moral and physical powers. Upon examination, I assured her there was

no diphtheria in her case. The anxiety and alarm were removed at once, and very little medical treatment was needed.

There is a *grave responsibility* resting upon the physician who misrepresents either the *name, nature, or severity* of disease, for the purpose of getting the reputation of effecting wonderful cures. It may be sport to him, but death to his patient. It is practising deception for the purpose of gain, and therefore the very essence of quackery.

Again, there is a kind of quackery, I will denominate social, or conventional quackery. It is exhibited in the formation of fee bills. The medical men of a district, village, or city, assemble in conclave, and agree that a fee bill, regulating and equalizing charges, is absolutely demanded. They draft such a bill, and all sign it, pledging themselves upon their honor that they will each and every one of them charge a certain amount for certain services. For an ordinary visit a certain sum, and so for consultations, obstetrics, night visits, surgical operations, &c. To such a bill, when properly matured, they all affix their names. They then agree to add, and do add, to the fee bill, "P. S. Any member may discriminate and discount upon each charge, or bill, as much as he deems expedient," and, as a general rule, the member who was most anxious for such a fee bill, will be the first to violate his word of honor by making free and liberal discounts. A fee bill was formed in a certain locality, one of the provisions in which was, that every member should charge one dollar for vaccination at the office. A few days after the formation of the bill, a lady called upon one of the signers to get a child vaccinated. He performed the operation, and charged one dollar. "But," said she, "Dr. — charged a friend of mine, yesterday, but fifty cents for this same service." This very Dr. — was the man most anxious for a fee bill. Such a compact reminds me of a certain merchant, who wished to sell a piece of property in a distant city. He wrote to a friend in the city where the property was located, instructing him to sell for a certain amount, and under no circumstances to sell for less, giving his strongest reasons for such a course. He then added, "P. S. If you cannot get the above-named amount, get what you can, *but sell*." You shall charge two dollars a visit, says the fee bill, but you are at perfect freedom so far as collecting is concerned.

4th. Criminal malpractice is most certainly a violation of medical ethics. Under

this head, we propose to include all practice, surgical or medical, *which is productive of positive injurious results, and cannot be justified by any rational explanation.* Criminal abortions are of this character, and we believe all abortions are criminal, except those rendered necessary on account of malformation of the pelvis, or some other equally rational cause, which renders it necessary in order to save the life of the mother or child, or both. In other words, all abortions instituted for the sole purpose of getting rid of the child, are criminal. There is a great diversity of opinion as to the time when an act of this nature becomes criminal. Some aver that the act is not criminal till the third month of pregnancy; others not until quickening, and others still later. We believe the act to be criminal the moment the germ becomes vitalized. It is then the embryo of a living being, and he who destroys that living conception is morally, if not legally, guilty of infanticide. No matter how it is done, whether by drugs or manipulation, the crime is the same, provided the intent be to destroy the life of the fœtus. We may not plead that the reputation of the mother is at stake, for, with married ladies, this would not be true, and a large proportion of criminal abortions are produced upon married women; or that the child may be a monstrosity, or an idiot, or still-born; or that the mother's reputation should be saved at the expense of the life of the child. The presumption is, that the conception is a perfect living being, and the operator acts upon that belief. There is, however, upon this subject of child-killing a *moral obliquity* pervading the entire community, especially the female part of it, which (so far as I know) exists upon no other subject of so grave a nature. While other crimes, far less heinous in their nature, as counterfeiting, forgery, petty larceny, a misstep of an erring sister, and many others, receive the execrations of the entire community, the crime of infanticide scarcely elicits a passing rebuke. In fact, members of christian churches, in good standing, openly *justify* this nefarious crime. I once met a church member, and between us passed the following colloquy: "Were you with Mrs. B. in her recent confinement?" "I was." "I hear she has a living child without legs or arms; is that true?" I answered in the affirmative. "Well, sir, it was your duty to have *killed that child*." "What, my duty to commit murder!" "Yes; it would not have been murder, to have strangled such a monstrosity." I answered, "Madam, I somewhere

read, 'Thou shalt not kill,' and we parted. It is a notorious fact that abortions are much more frequently produced upon married than unmarried women, and their only apology is, they *do not want the trouble of children*. An abortionist said to me very recently, that not a week passed in which he had not more or less applications of this kind, and that nearly all of them were from married women. I mention these facts to show the obtuse state of morals upon the subject.

But while we cannot too severely condemn this practice in the regular profession, we would not lay to their charge crimes not justly their due. There are many professed abortionists outside of the profession, who live by the commission of this nefarious crime. Besides, women frequently manipulate upon themselves. An unmarried lady said to me in conversation that she had three times been pregnant; had aborted each time, and twice she was her own operator. A second, acknowledged she had been manipulating with a knitting needle, and came very near losing her life in consequence. A third showed me an instrument which she called a self-operating instrument (a common male catheter), and which she assured me had an extensive *reputation and practice*. I have quoted the above cases to remove the wholesale charges brought against the profession, and also to show the low standard of morals in a professedly christian community, and among church members, upon this subject.

We have already remarked that prescriptions of a medicine *positively injurious*, and for which no *rational explanation* can be given, are either malpractice or quackery. We think alcoholic prescriptions in most *thoracic diseases*, especially *consumption*, should be included under this heading.

In the first place, let us analyze alcohol, and learn what its medicinal properties are. First, has it any nutritious principles? If you apply heat it evaporates as perfectly as ammonia or ether, leaving not the least residuum; if you apply fire, the combustion is perfect, leaving nothing. No physician would prescribe these airy nothings without the semblance of a base, as articles of diet. Besides, chemistry has proved (if it has proved anything) that alcohol does not contain a single particle of nourishment in any of its different forms. But suppose it did contain nutriment, it never digests, and I believe it is a truism that no substance can add strength or tone to the animal system, unless it be converted into blood, and therefore must pass through the

process of digestion. On the contrary, it is quite sure to produce disease, and as a consequence debility. But alcohol never changes its nature while in the system; it is alcohol when it enters and when it leaves the body. It has been clearly proved that a large proportion of the alcohol of the rum-drinker is exhaled by the lungs, and hence the strong alcoholic breath. But wherever found it is the same; it has been taken pure from the urine, and from the auricles of the heart. *Blood*, drawn from the arm of the confirmed drunkard, saturated with rum, has been burned, as it flowed from the vein, with that peculiar flame known to alcohol only. Dr. Percy extracted pure alcohol from the brain, and Messrs. Lallemand, Perrin and Duroy, of France (a commission of savans appointed by the government especially to investigate this subject), proved the deleterious effects of alcohol upon the entire animal system. In no one case was it found to be either food, or fuel.

The French chemists have also proved by experiment that the bloated or fleshy appearance, sometimes observed in whiskey drinkers, and by the friends, and physician also, believed to be an evidence of health, is nothing more than a morbid adipose deposit, or fatty degeneration, resulting from the use of whiskey, and decidedly an evidence of *disease, debility and decay*. But why press this inquiry farther? It was long since shown by our own Rush, and Mussey, and Warren, and a host of others, that alcohol contains no nutritious principles. Besides, this fact must be obvious to every well-read physician. In no case, then, should it be used on account of its nutritious properties.

But, again, is alcohol a tonic? What is a tonic? Webster says: "In medicine it is a substance that increases the strength, or the tone, of the animal system, obviating the effects of debility, and restoring healthy functions." Will alcohol do this? What medical man believes it ever did, or ever will, answer the indications of a tonic? And yet it is prescribed as such every day. Notice the effects upon the system. The man who is drunk three days, gets so thoroughly *tonicized* that he is obliged to lie in bed six days to recover from it, and then comes out but half a man.

The powers of endurance are invariably diminished by the use of alcohol, while the susceptibility to disease is increased by its use. Dr. Kane tells us that those men who drank whiskey in the polar regions, froze, while those who totally abstained, lived. In speaking of the prevention of heat apo-

plexy in India, Sir J. R. Martin says : The spirit ration and the abuse of ardent spirits constitute the chief accessories.

Sir Charles Napier, when serving in Sindh, says of an attack of insolation, or coup de soleil, he suffered there : "I was tumbled over by the heat with apoplexy ; forty-three others were struck, all Europeans, and all died within three hours, except myself. I do not drink ! That is the secret. The sun had no ally in liquor among my brains."

Here we have a statement of the effects of alcoholic beverages upon the human system, from the highest authority, in the two extremes of temperature, the polar and equatorial latitudes.

The chronic alcohol drinker can endure comparatively nothing : in the ordinary routine of duties he fails, and it was a matter of universal remark with surgeons in the army that none flagged on duty so soon as he. The medical authorities in New York, and other cities, enjoined *total abstinence* when cholera was prevalent. In fact, it is a matter of universal observation and remark that alcohol always debilitates its victims, and as a consequence renders them more susceptible to all diseases, and less able to endure them.

But methinks I hear it said, it promotes digestion. What, then, are its effects upon the human stomach ? Dr. Beaumont, while testing the effects of various kinds of nourishment and beverages upon the stomach (in the case of St. Martin), assures us that a single glass of whiskey inflamed the mucous coat of the stomach, and evidently impaired the power of digestion. Dr. Sewall, for many years the leading physician in the city of Washington, long since delineated these effects by his plates, representing the healthy stomach, the stomach of the moderate drinker, of the occasional drunkard, of the sot, and of the men who died of mania a p^ot^u. And what, then, are these effects ? First, stimulation, amounting to slight irritation ; next, sub-acute inflammation ; then acute ; then congestion and ulceration, and, finally, delirium tremens and death. But the truth is, very few ask for alcohol, in any form, to promote digestion, until they have nearly destroyed the tone of the stomach by a long and free use of that article, and then resort to it on the principle that the hair of the same dog will cure, or on the homœopathic humbug of *similia similibus curantur*.

We think it is clear that alcohol cannot be prescribed upon rational principles as a nutriment, tonic or appetizer. But do you

say the sugar in the wine, the malt in the ale, and the savin or turpentine in the gin, are important ? Then if they be thus important, why not prescribe them uncombined ? Would not the doses be rather homœopathic ? But it is not for the sugar, malt, &c., that these prescriptions are made. If so, why is it that *whiskey* (which contains none of them) is more frequently prescribed than all other alcoholic beverages, especially in thoracic diseases, *consumption* included ?

And this leads us directly to the question, What are the medicinal properties of alcohol which render it a suitable remedy in thoracic diseases, and especially in *consumption* ? It has already been shown that it contains no nutriment, never digests, is neither a tonic nor an appetizer. What, then, are its medicinal properties ? Suppose we resolve it into its ultimate chemical elements of hydrogen, oxygen and carbon ; nothing is gained, because no such separation takes place in the system ; there it never changes, so that, if the elementary parts produced effects beneficial in disease, we fail entirely of obtaining them. In the Dispensatory it is arranged with the vegetable narcotic poisons, and is reckoned as one of that class of remedies. It is also a powerful stimulant, and we apprehend it is generally prescribed on account of its stimulant properties, no matter what the disease. Its narcotic effects are most certainly not desirable in any disease.

Suppose you have hypertrophy, or valvular disease of the heart ? Do you need the stimulating property of alcohol to increase the action of an organ already worked beyond its powers, or its narcotic properties to paralyze its action ? Not long since, I met a friend with a bottle of Bourbon in his hand, which Dr. — had advised for hypertrophy of the heart, and similar prescriptions are often made. A *post-mortem* examination (which the treatment soon made available) proved that there was no mistake in this disease.

But at the present time alcohol is the *fashionable* and *popular* remedy in phthisis, and is very generally prescribed for that disease. Does it in any case cure, or even retard the progress of the disease ? Does it even mitigate the sufferings of the patient ? Does it not rather accelerate to a fatal termination ? Who will explain its *modus operandi* upon rational principles, and thus prove it a proper remedy in phthisis ? I have never seen, or heard it done, on rational principles.

The only explanation I ever heard attempted was based upon the two following

points:—First, that all bronchial and lung diseases are debilitating; and, second, that alcohol is a powerful stimulant and narcotic; both of which postulates we admit. The explanation was as follows:—Alcohol stimulates the brain and nervous system, rallies the energies already existing in the animal system, diverts the mind from the immediate contemplation of the disease, and thus, for the time being, diminishes the sufferings of the patient.

But how is it after this artificial stimulus is over? Have you added anything to the tone, or strength, of the system? If not, is not your patient in a worse condition than before the stimulant was given? Is not action always followed by reaction, and if no strength has been added to the system, will not reaction invariably preponderate? Are you not obliged to continue the stimulant, day by day, leaving your patient in a more debilitated condition at every interval, until you stimulate him to his grave? Or, if perchance he recovers, is there not danger that you have made him a confirmed drunkard, and is it not a little difficult to determine which result is most to be lamented?

While a student of medicine, and going the rounds of the hospital with the class under the clinical instruction of that mentor of medicine, the late *venerable* Dr. James Jackson, of Boston, we were shown a patient with delirium tremens. The clinique was as follows:—"Gentlemen, here is a case of delirium tremens; you will notice the condition of the brain and nervous system; they are the effects of alcohol. I suppose a gill of brandy would quiet his nerves at once. But *I dare not assume the moral responsibility of its effects*; he will recover without it, and I will not make any prescription which will in any way increase or perpetuate his appetite for alcoholic drinks."

Not long since, I was in the office of a friend of mine during office hours, who deservedly (in New England at least) leads the profession in thoracic diseases. While there, patients were present from within and without the State. The Dr. gave them a thorough examination, followed by a prescription. I was a silent "looker on in Venice," but I noticed they all received the same prescription; it was *Bourbon whiskey* and *fusel oil*. After the office was cleared, I asked the Dr. if those patients were all diseased alike. He answered, not exactly, but they all had disease of the chest. I then asked him if he would be so kind as to explain to me the *rationale* of the

whiskey treatment, for I must acknowledge my entire ignorance of it. He answered unhesitatingly, there is none. What, said I, do you mean to say that you, standing at the head of the profession, are daily advising your patients to drink whiskey, and can give no reason for it? He answered, I know of none, except that in the English hospitals there are a less number of consumptive patients, in proportion to the number of inmates, among the alcohol drinkers, than any other class of patients. I told him I thought that discrepancy could be accounted for, upon other principles. He answered, I think so too.

Commissioner Wells, in his report for 1868, makes the expenditures for alcoholic beverages alone amount to one billion six hundred millions of dollars for that one year. This estimate does not include any of the expenditures necessarily incident to its consumption, as the costs resulting from crimes, pauperisms, &c. It is ascertained, on good authority, that there are at the present time, in the United States, one hundred and fifty thousand confirmed drunkards; that during the last year there were one hundred million bushels of grain converted into alcoholic beverages, for the use of these drunkards, the moderate drinkers, and that used in the arts and medicine; that sixty thousand persons die annually in the United States from the effects of alcohol, and that eighty per cent. of the criminals, paupers and insane are made such by the same cause.

But it is not our purpose to investigate, at this time, the statistical or moral effects of alcohol; our business is more especially with its physical and medical results. Still, it would be interesting to know what proportion of these crimes, deaths, &c., have their origin in the prescriptions of medical men; most certainly some of them do. How often do we hear drinking men, aye, and women, too, justify their course by referring to the advice of some physician, and one very likely eminent in his profession. That advice, or prescription, originated the appetite which may carry him to the drunkard's grave. Who is accountable? Instances of this kind are within the recollection of every one of us, and many melancholy ones within our own profession, and some, I fear, within our own Society.

Now, if our analysis of alcohol be true; if it contains no nutriment, never digests, is neither a tonic nor an appetizer; if it be the instrument by which the evils to which allusion has been made, are produced; and if such men as we have quoted are unable

to give any rational explanation of the alcoholic practice, *the one* openly avowing there is none, and the other refusing to prescribe it on account of the moral responsibility, and, of course, believing the practice not justifiable, where are we to look for *justification* for the *wholesale whiskey practice* of the present day? Is the profession justified in making whiskey prescriptions without reason, and thus taking the responsibility of making their patients drunkards, or of hastening them into eternity unhouselled, unaneled, with all their accumulated sins upon their heads? Do they not assume a fearful responsibility? Are they not accountable for the effects of the practice?

Neither is this practice justifiable on the ground of a placebo, for that, though given to please rather than benefit the patient, is free from all danger of producing injury. It has not, therefore, that miserable subterfuge as an apology. It is often prescribed because the physician thinks something must be done to satisfy the patient, and can imagine nothing that will please as well. But more generally—because it needs no thought, is easy to be made, and agreeable to the patient. The prescription costs nothing, and is quite sure to institute friendly relations. It is made without the possibility of *rational explanation* and entirely regardless of consequences.

We now pass to quackery in consultation. The object of a consultation is to benefit the patient, and not to bolster up the attending physician, or to supplant him by chicanery, insinuations, or legerdemain. The consulting physician should thoroughly examine the patient, and after a conference with the attending physician, agree upon a course of treatment which, in their united judgment, will be most beneficial to the patient, and in case of disagreement, a third party should be called in. If the treatment pursued by the attending physician be correct, a magnanimous mind will agree to it, and suggest no change. If not, such changes will be suggested as can be accounted for upon rational principles. But is this always done? Do we not often see consulting physicians differing in diagnosis, prognosis and treatment, one or all of them, when it is but too apparent that it is done not to benefit the patient, but because he thinks it necessary to satisfy the patient, and his friends, and at the same time make an exhibition of his superior skill, for his especial benefit. Hence, inert prescriptions, or distinctions where there is no difference, evidently for the purpose of change only.

I once knew of a consultation, in a case of severe puerperal anæmia, in which rennet whey was advised, in place of new milk, as an article of diet; Jamaica spirits for brandy (there was diarrhoea), and columbo for quinine. In another case, of severe bowel complaint, with typhoid symptoms, camphor water was advised; and in still another, stramonium in the place of conium, and tapioca for arrowroot.

Now in these, and all similar cases (and they are not few), the object of the consulting physician is not the welfare of the patient, but a desire to exhibit his superiority as an adviser by making some change. I have an anecdote illustrative of this practice. A consulting physician called, in the absence of the regular attendant, and, instead of waiting, or leaving a sealed opinion (one of which he should have done), he examined the patient, condemned the practice, changed the treatment, and left. In due time, the attending physician arrived; was informed of what had been done; examined the medicine, and remarked, "that it was quite as well to eat the devil as to drink his broth." He (the consulting physician) had condemned opium, and substituted laudanum. To a non-professional eye, here was quite a change. A fluid for a solid; drops for pills. Now we submit that all such cases are exhibitions of downright quackery, and in violation of all medical etiquette, and ethics, and yet we fear they are quite too frequent.

But we may not stop here. There is a species of quackery practised by *inuendo*, *implication*, and sometimes in *silence*, more subtle, and therefore more detestable. It is not looked for or expected, and hence, there is danger of its work being accomplished before one is aware of it. It is sometimes expressed by *inuendo* to a third person, in this way: "I do not wish to say much about the case, but the patient would certainly have died under that course of treatment." Or, that opium, or calomel, or whatever else the attendant physician was administering, was entirely wrong, and that he either mistook the disease or the treatment.

The same thing is sometimes done by insinuation. The consulting physician remarks (at the same time shaking his head ominously), "I am afraid it is too late. It is a great pity I had not been called sooner. I will do all that can be done, but at this late hour, the result is very doubtful; a great deal of valuable time has been lost."

There is another form of quackery, where not a word is spoken, more reprehensible

than either of those to which allusion has been made. Not a word is spoken, and yet, to a close observer, the intent cannot be mistaken. It is one of those cases where actions speak louder than words. The patient is at first astonished, and cannot divine the meaning of the course pursued; but it is persevered in until the object is made apparent, and the end of the manipulator accomplished. The attending physician may be unaware of the real object, but it is most effectual to his injury, and thus the intention of the performer is effected. The work is done with a great amount of tact; none but a skilful artist can succeed, and yet the result is attained, not one word having been spoken. It is done by searching for a disease which does not exist, and which the inquirer knows does not exist. To illustrate: a physician is called in consultation to see a patient, whose disease is *perfectly apparent*. There can be no mistake so far as the disease is concerned; that matter is settled. Take, for example, a well-marked case of dysentery. He sits by the side of the patient and begins by inquiring for disease in the brain, and after a long routine of very learned interrogatories, he passes to the chest, and with stethoscope and thermometer in hand (for display is one important agent in carrying out this farce), he goes through the whole routine of auscultation, percussion, and of ascertaining the heat, and then very sagely remarks that he is unable to detect disease in the *head* or *chest*. Of course he has found none. No one expected he would, nor did he expect it himself. That was not his object; he knew there was no disease there. Why then all this needless manipulation? To make the patient believe that his case had never before been properly examined, and that there had been neglect, or want of proper investigation, on the part of the attending physician, and to create (if possible) a belief in his own superior knowledge of disease, and powers of investigation. After all this tedious and unnecessary process, he very gravely recommends a little chamomile tea, camphor water, or some other equally inert substance. But he is sure to suggest some change, else the farce would not be fully carried out. With a certain class of patients, this system of quackery is as transparent as crystal; with others, it passes, as was intended, for superior medical knowledge.

I once heard a lady remark that she was a fortnight recovering from one of these unnecessary thumpings. She saw through the whole thing at once. Another lady

preferred Dr. A. to Dr. B. because she heard Dr. A. ask a lady the day after confinement if she had micturated, while Dr. B. omitted asking the question. But whatever may be the conviction of the patient, the object of the physician cannot be mistaken.

There is no field in which the members of the regular profession, so often, and so openly, violate medical etiquette and ethics as in their consultations with irregular practitioners, and especially with homœopaths. This they do openly and without disguise, and with a perfect knowledge of what they are doing. Nor do they presume to make any apology for this violation of medical ethics. It is becoming a matter of everyday occurrence.

The by-laws of the American Medical Association, of the Massachusetts Medical Society, and I believe of every medical society having any claims to respectability, make the consultation of any of its members with irregular practitioners a violation of those laws, for which the delinquent is liable to discipline, and, if persisted in, to expulsion. Every man, when he becomes a member of such an organization, knows, or is supposed to know, what the instrument is to which he affixes his name. If he does not know, the fault is his, and his only. Is he not under an obligation to the society and to himself (to say nothing about the moral obligation) to keep his word in good faith? Is he not bound by his voluntary acts to eschew empirics and empirical practice? He may ask what constitutes an empirical or irregular practitioner. Upon this point, men may have different views.

A person having all the required qualifications is admitted by the Censors to membership in the Massachusetts Medical Society, and afterwards changes his views and becomes an eclectic, Thomsonian, or an homœopath, but still retains his membership in the Society. Am I prohibited from consulting with him? Why should I refuse to consult in such cases? We answer, one man's wrong is no apology for another's. Let us do our duty, and in that way compel the Society to do its also. When any member abandons his obligations and goes over to any of the isms, he violates his good faith to the Society, and is no longer worthy of their favor or fellowship; while the member who consults with him violates the by-laws and subjects himself to the discipline of the Society. Members of the first and second of the above-named empirical systems have already been expelled from the Massachusetts Medical Society, and we ap-

prehend the day is not far distant when a clean sweep will be made of the third. I trust this Society will pledge its aid to any and every legitimate effort tending to such a result. We believe it is unanimously conceded by the members of the regular profession that *homœopathy* is quackery in the fullest acceptance of the term; that those who practise it are irregular practitioners, and therefore cannot be consulted in any way, except by violating the laws of the Society. Why, then, do members of the regular profession consult with them? Do you say they are members of the Massachusetts Medical Society in good standing? That may or may not be true; but we know they are irregulars, or quacks, and therefore we cannot as honorable men, true to our profession, consult with them. If the Society eschews its duties, that is no excuse for its true members. One member quiets his conscience by saying, if I do not consult, some one else will, and I may as well do it and take the fee as another. A second will tell you he does not consult; he visits the patient in connection with a quack, but does not consult with him. Oh, no! he ignores him entirely! As if this could be done, both being present.

But are we aware how far this doctrine may carry us? We may justify any violation of honorable conduct, and even the commission of crime, under this guise. The abortionist has this same plea. The applicant is determined to have an abortion produced, and if one does not do it she will find another who will.

The most deleterious consequences resulting from such consultations are made apparent in the character and support they give to this species of quackery; it makes it respectable and degrades us. The quack is sure to spread it broadcast that he has met Dr. A., Dr. B., or Dr. somebody else in consultation. He means the public shall know that these men are on consulting terms with him, and that he is in as good standing as they. The course many members of the profession are pursuing justifies him in the position he has assumed.

While medical societies ask fealty of their members, they should see to it that (as associations) they are loyal themselves. The branches will be offshoots of the tree which gives them birth and sustains them. We shall not gather figs from thorns or thistles. While the Massachusetts Medical Society retains *sixty homœopathic irregulars* in full membership, it will not be likely to chastise very severely those other members who consult with them. As a fountain cannot

rise above its source, so the individuals of a society can hardly be expected to be more pure than the power which creates and sustains them. What, then, is the duty of the Massachusetts Medical Society? Clearly to purify itself of all quackery of every description, and then demand equal purity from each and every one of its members. But this renovation, or purification, must be thorough and complete. No half way measures will do. The occasional expulsion of an eclectic or Thomsonian will not answer. The Augean stable must be thoroughly cleaned, especially of its homœopathic fungi, before the Society can consistently exact true fealty from its individual members. Besides, the therapeutics of the eclectic or Thomsonian are science illuminated, when compared with the homœopathic humbug, if its proselytes adhere to it; and if they do not, they are knaves and falsifiers, and ought to be expelled for their knavery and immorality. It is said some of these practitioners are educated men. So much the less excusable; they know or should know better, and are capable of doing greater mischief. An artful, designing, educated man has the means of doing much injury to the profession, while an ignorant quack is powerless of doing mischief.

I once heard an influential member remark, in a Councillors' meeting, that the Massachusetts Medical Society had no right to dictate to any member how much medicine he should give at a dose. Very true. But they have a right to express an opinion as to homœopathic theories; whether it be true that all chronic disease was originally the itch; whether the *ism similia similibus curantur* be true, and the administration of the infinitesimal dose, quackery. After they have examined these sophisms, they have a right, and ought to have sense enough, to expel the member who is fool enough to believe in them, because he is so great a fool, if not for his quackery.

It is said that they now ignore their sophistries, and do not tell every *lady* who is afflicted with chronic disease, that she has the *itch*; that they give as large doses of medicine as any physician, and that (in fact) they have renounced their homœopathic theories. If so, why do they not openly avow it? The truth is, it was not quite agreeable to *ears polite* to be assured they had the itch, and this part of the sophism was abandoned through policy.

It was very difficult to convince the public mind that if a person had taken a fatally poisonous dose of laudanum, an equal

amount of opium, stramonium, belladonna, or any other narcotic poison, would produce a cure, and hence this bugbear was abandoned. The infinitesimal dose was so transparent a fallacy that the masses saw through it at once, and they were obliged to relinquish that stupidity early in their practice.

But does all this prove that the homœopaths are qualified to be members of the Massachusetts or any other respectable Medical Society? No one of this belief, or who makes pretensions to it, can gain admission to the American Medical Association. It proves them dishonest, and if that qualifies for membership, let them in, and retain those already there. But, on the other hand, if quackery, conjoined with knavery, disqualifies, then shut the doors against any further admission of such members, expel those already admitted, and keep the Society, as it should be, free from quacks and quackery.

DUHRING'S "STUDY OF DERMATOLOGY."

An Abstract, by EDWARD WIGGLESWORTH, M.D.,
Boston.

MEDICINE, once a heterogeneous mass, theoretical, empirical and traditional, has at length crystallized into specialties which accept only proved, scientific facts. One of these crystals, Dermatology, has been so polished during the last twenty years by Professor Hebra, of Vienna, that it sheds a new light to the farthest parts of the civilized world. By the kind permission of a pupil of Hebra's, Dr. Duhring, we extract from a recent paper of his some views with regard to dermatology, in which we heartily coincide, and which may prove of value to those meditating foreign study.

Dr. Duhring says:—Of late the science of dermatology has taken such rapid strides forward, that if we examine the doctrines taught and regarded as true some thirty years ago, we shall find them widely different from those entertained by modern pathologists and investigators. The numerous experiments and observations made within the last twenty years have done much towards clearing away the mystery that for so long a time surrounded these troublesome and often obstinate affections. For years past so firmly and securely have false theories and notions regarding the nature of skin diseases been fixed in the minds of men, that time, patience, and the greatest amount of exertion have been necessary to induce people to give up faulty theories

and to credit facts rather than tradition. Even to-day, each country claims its own nomenclature for diseases of the skin, which it defends pertinaciously, caring apparently more for technicalities and words than for some recognized common form, which the whole civilized world can use and comprehend. Nowhere in the study of medicine is the necessity for a master, a thorough teacher, more seriously felt than in the investigation of this class of affections. The next point of importance is access to a clinic or hospital, where cases may be seen and examined; for no other method will give the student such a clue to these diseases and their numerous phases as constant contact with patients. The power of making a correct diagnosis is the key to all success in the treatment of skin diseases; without this faculty, the physician can never be a thorough dermatologist, and therapeutics at once cease to hold their proper position and become empirical.

Without referring to the subject as found in other localities, we would state that at the present day the teachings of Vienna, Paris and London, represent the dermatology of Europe, for we see the other countries adopting, with more or less variation, one or the other of these schools as their standard. The views of these three centres differ very much, not only in regard to the theories they hold concerning pathology, but also in reference to the treatment of these diseases. Great Britain is represented by Wilson, Startin, Fox, Anderson, Hutchinson, Fagge, Milton, Purdon, Sims, Squire and Gee. The advantage that London presents to the dermatologist is the opportunity of seeing an almost endless number of cases, and thus becoming acquainted with some of the rarer forms of disease. London possesses many institutions for the treatment of cutaneous affections, the majority of them being dispensaries, though they often bear the name of hospitals. The want here of a large hospital, with a number of beds, has always been an impediment to research and investigation, and especially unfortunate has this want proved for those who would study these diseases in all their aspects and changes. Dispensary service is eminently valuable for the opportunity it offers for seeing cases and making diagnoses, but the results obtained in the treatment must, as a rule, be received with caution. A service of this kind, where cases come and go at will, often very irregularly, using and abusing remedies, as the case may be, can never present the same definite results and statis-

tics obtainable in hospital practice. Nowhere in London does there appear to be regular and systematic clinical teaching, and this need perhaps constitutes the great drawback to the study of dermatology in this city. Neither does the investigation of these diseases in these institutions receive the time or attention requisite for their full comprehension. Superficial examinations doubtless in most cases arise from the fact that too little time is appropriated for the number of patients seen, but at the same time this neglect does not betoken the earnestness necessary to a thorough understanding of the subject. London lacks a system of study which would comprise a thorough course of lectures, accompanied by clinical teaching, and a hospital where students might study under experienced masters and follow up the science in its numerous details. Until such a change is brought about, it can never take an equal rank, as a school of dermatology, with other countries.

In Paris, this department is centered under one roof, in the great "Hôpital St. Louis," a venerable institution that has assisted the studies and investigations of such men as Alibert, Bielt, Schedel, Gibert, and other eminent dermatologists. The St. Louis contains about six hundred beds devoted to diseases of the skin, under the direction of six attending physicians, who appropriate two or three hours daily to their wards, assisted by their "internes." In connection with the hospital, there is an immense dispensary service every morning, numbering, upon an average, one hundred and fifty new cases. This is the largest hospital for skin diseases extant, and by far the largest dispensary service in Europe, yet the want of clinical instruction is here, too, as in London, seriously experienced. The student is thrown upon his own resources, and can obtain knowledge of the subject by close attention and observation alone. Connected with the St. Louis, we find MM. Bazin, Hardy, Lailier, Vidal, Hillairet and Guibout, while the names of Devergie, Cazenave, Ricord, Fournier, Rochard, Diday, Dron, Rollet and Doyon, are all identified with this specialty in France. Provided the student has already acquired a knowledge of the subject, and is capable of pursuing his studies alone, the St. Louis is a grand field.

In Vienna, all the medical sciences are much more divided and subdivided than elsewhere. Here the various specialties, grounded upon a true and solid foundation, are worked and investigated to the finest

degree, and here it is that specialties assume their proper shape, and add science and renown to the profession. Among the many branches of medicine, dermatology holds a conspicuous and prominent place, and is studied with a zeal and earnestness such as is rarely seen elsewhere. The "Allgemeines Krankenhaus" has been the seat of dermatology for many years past, and more especially has it assumed such an important position since the researches of Hebra have been made public. With the discoveries of this thorough dermatologist, the study took a new life and stand in Germany, steadily developing, until it has reached the position it now holds—one of the most definite of the specialties of medicine. The department for skin diseases at this hospital contains a number of wards with accommodation for about two hundred patients, the whole being under the immediate supervision of Prof. Hebra. For the student who wishes to pursue dermatology, a plan of study is arranged; and, beginning with the anatomy of the skin and the elementary details, he gradually works his way up, with the assistance of able teachers, to a position that will enable him to proceed alone. Systematic lectures and clinics, both for the beginner and the more advanced student, are continually being given, and pains taken to meet the desires of all. Courses of instruction are even provided for those who may wish to study specially the diagnosis, treatment or pathology of these affections, affording an opportunity of becoming intimately acquainted with all the minutiae of the subject. The advantages offered in Vienna for the study of these diseases are unsurpassed, and the student who would thoroughly grasp the subject can find no better school and place to begin his work. Here he will find himself able to procure a foundation upon which to build when thrown upon his own resources, and without which enthusiasm would be fruitless and time wasted. The lively interest shown in dermatology throughout Germany is patent enough to us all, and the well-directed and earnest labors of such dermatologists as Hebra, Auspitz, Pick, Köbner, Neumann, Kohn, Veiel, Biesiadecki, Zeissel, Sigmund, Lindwurm, Rindfleisch, and many others, must make us mindful that the science here is steadily assuming greater proportions, and well deserves the reputation it has earned.

The German school, with Hebra at its head, deals more with facts than theories, and relies more upon experience in reference to treatment than upon speculation.

It argues that as yet the cause of most of the diseases of the skin is too obscure to admit of a rational internal treatment, with a view to a positive result; and, consequently, with very few exceptions, medicines acting as specifics are entirely ignored, dependence being placed upon other and more sure methods of cure. It maintains that the direct and exciting cause of a disease should at once be sought for, and if found, receive the treatment adapted to its needs. But in addition to an internal treatment that may be adopted, it insists upon a vigorous and systematic plan of external treatment as well. In cases where the cause of a disease is unknown, the whole attention is devoted to external therapeutics, and certain changes are brought about which tend to ameliorate, if a cure be impossible. In many cases it looks upon these affections as simple disorders of the integumentary system—i. e., not as constitutional or diathetic diseases—and as such gives them a purely local and external handling. The plan pursued for the cure of cutaneous disorders by the Vienna school is undoubtedly more simple and rational than that of any other, and the benefits derived therefrom speak for themselves.

The French school ignores totally the methods practised by other nations, and upholds its own doctrines with great pertinacity. It claims that the majority of these disorders are the results of a diathesis, by which is meant some peculiarity of the economy which predisposes to certain eruptions, and that the therapeutics should be directed against the disease internally; it, however, also advises external treatment, but of such a feeble character that scarcely any effect is produced upon the skin. Again, great results are anticipated from baths, both simple and medicated, while emollient dressings, poultices and bland ointments, constitute a feature in the list of remedies employed.

The English school still adheres closely to the doctrines expounded by Willan in the latter part of the last century. The truths that were announced at that time in reference to many of these diseases are unquestionably as correct and valuable now as then; at the same time it must not be forgotten that science has, in the intervening years, taken many strides forward. The views of some of the English writers of the present day are by no means in accord with recent study and research as pursued in other countries, and many adopt their own ideas and theories with a complacency somewhat startling to progressive

and generous minds. External treatment is considered almost useless and often unnecessary. Internal medicines and remedies are relied upon to an unlimited extent, and upon these it depends mainly for the cure of such diseases. To be just, we would wish it understood that the above remarks apply to the London school, as unmodified by association with Continental ideas.

Concerning the study of dermatology in our own country, a wide field at once opens for discussion, from which we would withhold for the present, remarking, however, that, though in the past very little interest has been shown in the subject, of late the establishment in our cities of separate institutions and departments connected with our hospitals, tends to show that the proper spirit has been awakened. Let us anxiously await the period when our nation shall claim a school of its own, a true and honest eclectic school, including the good points and sound theories selected from our European friends, together with the results of our own investigations and labors.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

F. B. GREENOUGH, M.D., SECRETARY.

FEB. 27th.—*Two Cases of Glioma.*—Dr. BORLAND reported the cases and showed the specimens.

The two patients whose cases I here report died while under my care, in the City Hospital, one of them on the 9th and the other on the 15th of this month.

The first, Julia B., was 44 years old, and was admitted on Feb. 6th. She had been a widow for fourteen years, and was a servant in one of the hotels of the city. She had had two children, both of whom died in infancy. No abortions. Ten years ago, she had a cough which lasted two years, and was accompanied by a thick, white expectoration, and several slight attacks of hæmoptysis. From this she entirely recovered, and had no return of cough until three weeks before entrance, since when she said she had a cough, and thick white expectoration, as before. She stated that two years ago, without known cause, she had sore throat, with ulceration about the palate, accompanied by much pain and a purulent discharge, and followed in two weeks by discharge of a piece of bone half as long as

the last phalanx of the finger. The ulceration then healed in a week. She describes the return of the same symptoms three weeks ago, and discharge of three pieces of bone of the same size. She denied the possibility of any specific history. Examination of the throat showed no trace of disease, previous ulceration, or loss of substance. Four years ago she had a good deal of frontal headache, which continued for about a year and then disappeared. Two weeks ago she began to have difficulty in swallowing, which has continued ever since, accompanied by weakness, loss of appetite, and obstinate constipation, with also a return of the severe frontal headache, which, however, only lasted for two days. Her countenance had a natural appearance at time of entrance. Tongue had a thin, white coat; appetite was fair. She said she had had no alvine evacuation for two weeks. No catamenia for two years. Pulse 72.

She appeared anæmic, and I thought hysteria might explain the symptoms. I disbelieved the statement about the ulcerations about the mouth. I ordered active cathartics, but they gave no results whatever. On the evening of the 8th, the nurse reported for the first time that all the morning the mental condition of the patient was peculiar; her mind wandered; in the afternoon she became speechless, and at 4.30, P.M., was utterly unconscious. Her pupils were equal and natural. There was no paralysis. Her pulse was 76, and respiration natural. She had an involuntary dejection in the bed. Having passed no urine during the day, a pint and a half of light-colored normal urine was drawn by catheter. No noticeable change took place, except that the right eye became less sensitive than the left, and the skin became very hot and dry. Death ensued at 7, A.M., on the 9th.

The autopsy was made by Dr. Webber, twenty-four hours after death. With the exception of old cicatrices at the apices, particularly the right, there were no abnormal appearances discovered in the body.

Head.—The *dura mater*, on both sides, under the lower parietal and upper temporal bones, had a rough villous look. Over the fissure of Sylvius, on the left, the *dura mater* was extensively thickened by a deposit of firm membrane, which appeared to have more or less of an organized structure, and was three-sixteenths of an inch thick; over a spot just anterior to middle part of the posterior lobe, on the left, the cerebral substance was adherent to the *dura mater*, the convolutions being softened over a spot

half an inch in diameter. The *pia mater* was slightly adherent in spots on the left side, but peeled off on the right. From the vertex to the centrum ovale majus the gray substance was particularly firm as compared with the white, except in the part mentioned hereafter. On making thin sections and approaching the centrum ovale, the white substance of the posterior and anterior lobes following the course of the lateral ventricles was of a pinkish hue, entirely different from the normal appearance, the *puncta vasculosa* not being particularly well marked. The change of color was most marked in the left hemisphere. On approaching the centrum ovale, the anterior part of the left hemisphere became yellowish and soft, these characters increasing gradually downwards. Below the anterior cornu of the left lateral ventricle, and resting on the base of the skull just behind the orbit, was a tumor three fourths of an inch deep and over an inch long, externally grayish, and resembling the gray substance of the brain. Internally it was yellowish in color and quite firm. The bone beneath the tumor was eroded. The tumor pressed on the lower surface of the anterior lobe. The cerebral substance in which the tumor was imbedded was so diffuent as to make it impossible to harden it sufficiently to enable the specimen to be shown *in situ*.

The microscopical examination was made by Dr. Webber, who reported that the tumor consisted entirely of small round cells, which were nucleated, the nuclei being very small, and containing one or two granules in their centres. There was a very little fibrous tissue running through the mass. The centre of the tumor had partially undergone degeneration.

The second case that I have to report was one of fibro-glioma, occurring in a young girl 19 years old. Mary S. was admitted to the hospital on the 2d day of January, and died on the 11th day of February. She knew nothing of the family health history, but said she had never had any fever or other diseases. Previously to her coming to this country in October, 1869, sixteen months ago, she was well; since then has never felt well. Her catamenial function was irregular, and she had headache all the time; at first it was slight, but constantly increased. Six months ago, about the middle of the summer, she began to suffer from neuralgic pain in the right side of the face, neck and head, and during the same time she had frequent sick headaches and much acidity of the stomach—the sick headaches being most frequent and most severe about

two months ago. The acidity of the stomach was perhaps the greatest cause of complaint for about ten days after her admission to the hospital. In September, three or four months ago, she felt giddy, and walked as if she was drunk, and noticed that she could not speak quite naturally. About this time she also perceived a trembling of the left hand, felt less "life" in it, and her attention was drawn to this by letting things drop. There was no trembling in her legs, and she thought there was no difference in sensation. When I first saw her the tremulousness of the head existed, and the grasp was stronger on the right than on the left side. About the beginning of December, the right eye began to water and be painful, then becoming bloodshot, and an ulcer formed on the cornea. With the affection of the eye coming on, the neuralgia of the right side of the head diminished for a while. There was also frequent regurgitation through the nose, especially when vomiting.

When the patient was admitted, there was a persistent blushing of the skin, with a congestion of mucous membrane of fauces, suggestive of scarlet fever. There was some facial paralysis of right side. The right eye nearly destroyed. According to report of Dr. Wadsworth, one of the Ophthalmic Surgeons of the hospital, there was "partial ptosis of upper lid of right eye, had somewhat thickened conjunctiva of lids, and globe pretty strongly injected, but not chemotic. Limbus of cornea, strongly injected, and a little elevated, the vessels extending slightly on to the cornea, more on the outer and lower side. Some deep ciliar injection, not large in amount. Ulceration of cornea superficial, circular, and about four lines in diameter. Tissue of cornea hazy and purulent. Infiltration upwards and outwards. Hypopion about a line in height. Pupil widely dilated. Tension about normal. No pain. She was just able to distinguish light from darkness with this eye. She had also frequent nose bleed from the right nostril. The skin of the lip under the right nostril was excoriated by the nasal secretion. That nostril seemed narrower than the other, and was filled with coagula and mucus. There was excessive salivation on the right side of the mouth, and the right angle of the mouth was excoriated. On drinking, fluid came out of the right side of the mouth, and on blowing with the lips closed, air came out at the right angle, and there was a markedly imperfect action of the orbicularis oris. The tongue could be protruded nearly straight,

and seemed flatter on the right half. The left seemed naturally thick. The sense of touch and of taste seemed better on the left side of the tongue. The tongue seemed to move readily, but food would stick more on the right side than on the left. Sometimes the tongue and sometimes the cheek would be bitten, not causing pain, but giving a sensation of something between the teeth. The uvula was bent towards the right side, and the velum palati was lower on the right side than on the left. The sense of hearing in the right ear was normal; in the left ear, the watch could be only heard at a distance of about three inches. Before death, hearing was totally abolished in left ear. Toward the latter of January, a neuritis of the left eye was discovered, which made rapid progress; with it was a wide fixed dilatation of the pupil. Paralysis of sensation on the right side of the face was peculiar, there being no feeling whatever in the parts of the face on the right side that are supplied from the branches of the fifth, or trifacial nerve, while in that part of the cheek that gets its nervous supply from the cervical plexus the sensation was unimpaired. The right facial, or seventh, nerve was but slightly affected; the twelfth, or hypoglossal, not at all so.

The patient had an increasing headache and neuralgia, and also increasing blindness in the left eye, during the last few days of her life, and during the last fortnight there was a perceptible diminution of power in the left leg. On the 11th inst., early in the morning, she suddenly became totally blind; after an application of hot cloths, imperfect vision returned, but with intense pain, slightly relieved by subcutaneous injections of morphia. About noon, the nurse reported "a spasm" that ran through the whole of the left side, and she became unconscious, and very livid in face and extremities. She lived twenty minutes after this, the consciousness not returning, no marked paralysis being detected, the respiration becoming more and more slow, but the pulsation of the heart continuing up to the point of death.

The autopsy was made by Dr. Webber, forty-eight hours after death. The skull was very thin in the temporal region. The sinuses and veins were very full of blood. The convolutions were somewhat flattened; pia mater not adherent to gray substance; brain quite firm; no congestion. About three ounces of serum in the lateral ventricles. On the left side, just below the tentorium cerebelli, slightly adherent to the dura mater beneath, was a

tumor an inch and a half in diameter, spherical, in color resembling gray matter of the brain, and not quite so consistent as a fibrous tumor. In its centre was a small hæmorrhagic spot. It appeared to be unconnected with the substance of the brain, but seemed to be a growth from the membranes or the auditory nerve.

The pons, medulla and middle peduncle of the cerebellum, and somewhat less the inferior peduncle, were strongly pressed upon and indurated on the left side. The pons and medulla were bodily pushed over to the right, the median line curving with its concavity towards the tumor, deviating at least three-sixteenths of an inch at the extreme point from a straight line.

There was no difference in the size of the optic nerves, and the third nerve did not seem to be implicated. The fifth nerve was only found to be out of place on the left side, but not pressed upon. On the right side it seemed unaffected, but was possibly pressed against the edge of the bone, and on removing the brain it was torn off close to the pons, it probably being soft. Examined microscopically in fresh condition, it showed commencing degeneration of its fibres; after being hardened in chromic acid and alcohol this was not perceptible. The sensitive part of the right fifth nerve, near the pons, after being in alcohol, was very tenacious, and could not be easily separated into its fibres, and showed increase of fibrous connective tissue and dark granular bodies (compound exudation corpuscles). The motor root was normal. The fifth on the left was normal, though the motor root was not so easily teased into fibres as the sensitive, and the medullary sheath fell away from the axis cylinder nerve readily (this was after being in alcohol). The Gasserian ganglion on the right contained several strongly pigmented cells, and a few amyloid bodies, otherwise it did not differ essentially from the left, except in being softer and less consistent.

The seventh nerve stretched over the surface of the tumor, but was not materially interfered with. The left eighth nerve (auditory) was adherent to the tumor, its fibres being spread out, and some of the fibres seemed lost in the tumor, others ran more superficially and under it in a sulcus. The tumor showed microscopically the characters of glioma, with considerable fibrous tissue near the course of the eighth nerve, part of which entered the tumor, divided and was gradually lost.

The diagnosis was made of cerebral tumor, located on the right side, implicating

the Gasserian ganglion, and affecting the sensory and to a less extent the motor tract in the crus or pons on that side.

Our surprise was great to find at the autopsy the tumor on the left, and the Gasserian ganglion and fifth nerve on the right side affected by soft degeneration, apparently independent of the tumor.

Dr. BROWN-SEQUARD, present by invitation, said that the case just reported was a very rare and interesting one, and in one respect unique, namely, that a tumor at the base of the brain should produce a change in nutrition in that portion of the face to which the trigeminal nerve was distributed, on the opposite side. A case had come under his observation, where excessive use of one eye in making microscopical observations, was followed by the same train of symptoms on the opposite side, as in Dr. Borland's case, viz., general inflammation of the eye, change in nutrition of mucous membrane of nose, and atrophy of the skin and muscles. But here these symptoms were evidently due to an influence transmitted from one eye to the other through the nervous connection between them.

There are many cases that prove that organic disease, especially hypertrophy of connective tissue, may take place in the nervous system at a point removed from the source of irritation. Thus Vulpian has found that after amputations an hypertrophy of the connective tissue, and a consequent atrophy of the nervous cellular elements, sometimes takes place in the spinal cord.

There is another point in Dr. Borland's case, namely, the existence of incomplete paralysis on the same side of the body as the disease. Dr. Brown-Séquard has collected forty-seven cases which showed this symptom, and in all the disease or injury was found at certain parts of the base of the brain. This region is, as was the fact in Dr. Borland's case, anterior to the pons, pressing on the crus cerebelli, also in the medulla oblongata, the restiform bodies, and injury or disease of the cerebellum, when the pons is not considerably pressed upon.

In all these cases there is an incomplete paralysis of the side of the body on which the disease at the base of the cranium exists.

Anæsthesia in the paralyzed parts is rarely found. The limbs are often more or less contracted, and in some cases the extremities twitch. There is no change of temperature in the affected parts.

Other symptoms, due to irritation or pa-

ralysis of neighboring nerves, must of course be produced by the pressure of tumors on these as well as other parts of the base of the brain.

In these cases this incomplete paralysis on the same side as the disease cannot be due to an alteration of conductors serving to voluntary motion and passing by these parts, as if we should attribute it to that cause we must suppose that there are fibres or conductors of voluntary motion which do not decussate in the medulla or cord, which supposition would be contrary to all the teachings of anatomy and physiology.

In disease deeply altering a lateral half of the pons, the paralysis is confined entirely to the side opposite to the one on which the disease exists, which proves conclusively that all the fibres do decussate below the pons, and as the restiform bodies or the crura cerebelli do not contain any fibres of voluntary motion, we cannot admit the existence of any fibres of voluntary motion that do not decussate below the level of the disease. What this incomplete paralysis on the same side as the disease is due to, is still a matter of discussion.

Dr. Brown-Séguard places it in the class of reflex paralyses, in which irritation at one point of the nervous system produces symptoms at another. The most common instances of this reflex paralysis are found in cases where the irritation is due to worms, dysentery, or other disturbances of the intestinal canal.

In Dr. Brown-Séguard's opinion, actual, organic disease may be due to a reflex action, but an evident organic change is not essential for the production of a reflex paralysis.

Medical and Surgical Journal.

BOSTON: THURSDAY, MAY 11, 1871.

CUNDURANGO—A NEW REMEDY.

THE Minister of the United States to the Republic of Ecuador has communicated to our government various particulars relating to the wood of a tree, called Cundurango. The tree is produced in the province of Loja, Ecuador, and is considered by medical gentlemen a valuable acquisition to our materia medica. Fifty pounds of the wood have been placed at the disposal of the Surgeon General of the Navy for experi-

ment by Naval Surgeons and other medical men. In brief, the drug is considered by medical gentlemen resident in Ecuador as a specific or at least an adjuvant in the treatment of cancer. We regret the necessity of criticizing the data on which certain cases given in the official documents are called "cancer," or, at least, the words employed to describe the disease in question. The term "cancer" is so loosely used by the non-professional public that we hesitate to accept as true cancer the descriptions given, unless the physicians are willing to give their testimony to its certainty. For instance, "the domestic, Santos A., has suffered a long time from a cancerous ulcer on the thigh of her right leg; she has always been attended by respectable physicians without any favorable result; she is now well, only two or three lines being wanting where it has been healed up." This is a sample-description of several cases given, all of which are vouched for as being "cancer," and all of which were healed by the use of a decoction of the wood in question. However, we trust there is enough of reality in the curative properties of the remedy to render it worth trying by our physicians, and we shall endeavor to secure a sample for experiment.

DEATH OF PROF. OPPOLZER.—Many of our younger men especially will read with sorrow the extract we take from the *British Medical Journal* for April 22d. It announces a loss not alone to Vienna but to the medical world; and however well the chairs of clinical medicine may be filled by the successors of Skoda and Oppolzer, their absence will be deeply felt by those who are privileged to study at the University of Vienna.

"The readers of the Journal will have noticed in Dr. J. F. Payne's article on the Medical School of Vienna, in last week's number, some remarks on Prof. Oppolzer, one of the most brilliant luminaries of that celebrated seat of medical teaching. We regret to hear that the distinguished physician and professor died on Sunday last, the 16th inst., at the age of about 63. Our correspondent in Vienna, in communicating this information, says he was a Bohemian by birth. After teaching for some years in

Leipzig, he was called to Vienna to fill the post of Professor of Clinical Medicine, the duties of which office he continued to discharge until a few days before his death. He was a most indefatigable teacher, and at the same time had an extensive practice as a consulting physician in Vienna. Such was his love and zeal for imparting clinical knowledge to students, that he daily spent two or three hours in his wards, after which he would adjourn to the *post-mortem* room or to the chemical laboratory. As a practising physician, he was consulted by thousands of patients annually, not only from Austria, but also from Russia, Turkey, Greece, &c. The deceased professor had been in failing health for some time, although he continued to discharge his duties at the hospital. The cause of death is said to be *marasmus senilis*, upon which a severe attack of fever supervened. He leaves but one son, who is Professor of Astronomy in the Vienna University."

THE CHILDREN'S HOSPITAL, No. 1429 Washington Street, corner of Rutland.—This interesting Institution for the care and cure of sick and maimed children of the poor, having been incorporated in 1869, has been in active operation for more than a year and a half, and has fulfilled the warmest hopes of its founders. It has ceased to be an experiment, and proved itself a most valuable auxiliary to the charitable institutions of our city. More than a hundred children of the tenderest years have already received gratuitous treatment, medical and surgical, and have been watched over by kind and faithful nurses. A large proportion of these little ones has been discharged entirely well, or greatly benefited; and others have been received in their places. About thirty, as many as the hospital will accommodate, are constantly under treatment. Nothing is wanting for the permanent efficiency of the Institution but such an increase of its means as shall enable its managers to proceed with confidence in the discharge of the duties which have been assumed by them. Two of their own number have now agreed to give \$5,000 each to the permanent fund, provided \$50,000 shall be subscribed by the 1st of July next; and they have further agreed to double their contributions, provided \$100,000 shall be secured before the 1st of January next. The distributors of the residuary property of the late Miss Nabby Joy have added \$5,000 to the resources, and several subscriptions of \$1,000 each have also been obtained.

The managers of the hospital, thus encouraged, respectfully and earnestly appeal to their benevolent and liberal fellow-citizens to unite with them in assuring to this Institution the support which it now so greatly needs, and which, in their deliberate judgment, it so richly deserves.

THE CHANNING HOME.—We have before us the report of this excellent charity for the year ending April 1, 1871. By it we learn that, during the past year, twenty patients have been admitted, ten have died, and fifteen still remain. The beds have all been occupied, and many applicants have been turned away for want of more room. Since its organization in May, 1857, the Home has opened its doors to 350 patients, and thus the little institution, commenced by a single Christian woman, has been the means of comforting and blessing many a poor and suffering patient.

We know the Home to be one of the most deserving of our charitable institutions; it is still in need of money for its more complete work, and we bespeak for it the kindly consideration of the profession.

RANK OF NAVAL MEDICAL OFFICERS.—As the long struggle of the medical officers of the Navy for what was deemed by themselves and by the profession their rightful position is at length happily terminated, it may be of interest to our readers to learn how it has been adjusted, and how the present rank of the Naval Surgeons compares with that under former regulations.

This will probably be a matter which will especially commend itself to the attention of those young members of the profession who may be intending to enter the medical corps of the Navy. * * *

Finally, the rank presented below was conferred by the Act of Congress approved March 3, 1871.

TITLES.	RELATIVE RANK OF
Surgeon-General (Chief of Bureau)	Commodore.
Medical Directors	Captain.
Medical Inspectors	Commander.
Surgeons	Lieut.-Com. or Lieut.
Passed Assistant Surgeons	Lieut. or Master.
Assistant Surgeons	Master or Ensign.

—*National Medical Journal.*

SUBCUTANEOUS INJECTIONS. *Messrs. Editors,*—I desire to sound a note of alarm for

the benefit of those members of the profession who use hypodermic injections.

At a recent inquest the coroner, in his instructions to the jury, informed them that one grain of the sulphate of morphia given by subcutaneous injection was equivalent to five grains taken by the stomach, and the thigh was a critical place to inject. One of the jurors, an eclectic physician, gave his opinion, as a medical expert, that the morphia taken by the patient entered the system, and the morphia injected by the attending physician met the former poison in the veins, which was like a battery, and the patient died from the concussion of the meeting of the two streams!

Moral.—When you wish to administer one quarter of a grain of morphia, inject subcutaneously one-twentieth of a grain. Don't select the thigh. *Beware of concussion.*

BUCCINATOR.

THE NATIONAL MEDICAL JOURNAL, with the May number, commences a new volume. Dr. Cox, who has ably conducted the *Journal* during the past year, retires, and his place will be filled by Drs. S. O. Busey and William Lee. We heartily agree with their salutatory and wish them prosperity. In their opening pages they say:—

"Holding that a medical journal should be devoted exclusively to the advancement of medical science and its collateral branches, and to the promotion and maintenance of the honor and dignity of the profession, we will eschew all discussions of political questions and personal matters. However much we may differ with others upon questions of public policy, or with individual members of the profession upon questions of professional conduct, we concede to them the same honesty of purpose and honorable bearing which we claim for ourselves. We are, in no sense, a tribunal to arraign individual members of the profession for alleged misconduct. Accepting the code of ethics of the American Medical Association as our guide, we are bound to assume that every member conforms to its requirements until the appropriate judicator has otherwise determined. And whatever may be our individual opinions upon questions of expediency or policy which may from time to time be thrust upon the consideration of the profession as a body, as editors it is foreign to our purpose and to our duty to seek their adoption by their advocacy in this *Journal*."

This is sound doctrine, and agrees with

the views we have ourselves already expressed.

We are indebted to our brethren of the *National Medical Journal* for sundry items of interest in our *JOURNAL* for this week.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.—At the annual meeting held in San Francisco, on Monday, May 1st, Dr. B. F. Dawson, of New York, was chosen President; Dr. H. Gibbons, Jr., of San Francisco, Vice President; and Dr. F. H. Davis, of Chicago, Secretary. In the evening, an address was delivered before the Association by Dr. H. R. Storer, of Boston, on "The Mutual Relations of the Medical Profession, its Press and the Community."

MR. OSCAR HEYFELDER, of St. Petersburg, who, during the late war, had charge of an ambulance at Neuwied, seems to entertain a much higher opinion of the advantages derivable from treating surgical patients in tents and sheds than is held by Professor Billroth and other German surgeons. In an address delivered at the Belgian Academy of Medicine, March 24th, he stated that he was a strong advocate of conservative surgery, freely resorting to excision whenever possible, and that almost all such operations in his hands were successful—another point at which he is completely at issue with the German and French surgeons, who are pretty well of accord that many more lives could have been saved in this war if conservative surgery had been less practised. He strongly advocates the plaster amovo-inamovible apparatus, and sometimes has recourse to carbolic-acid dressings; but his great reliance is on free exposure to the air, and the employment of a restorative diet.—*Med. Times and Gazette.*

A CHINESE THEORY OF SUDDEN DEATH.—A telegraph line about fifteen miles long having been constructed near Shanghai, the natives supposed that the messages were carried along the wires by devils in the employ of the foreign barbarians. To this they made no objection, until a Chinaman chanced to die suddenly in a house near which stood one of the telegraph-poles. It then occurred to another native genius (an amateur coroner) that one of the devils had come down from the wire and killed the unfortunate man; whereupon he and his compatriots proceeded to destroy the dangerous apparatus.—*Phil. Med. Times.*

Medical Miscellany.

AN EPIDEMIC OF KINEPOX—THE AGE OF JENNER RETURNING.—Quite a sensation has been produced very recently in professional circles in San Francisco, by the discovery that an epidemic of kinepox has broken out among the cattle on the dairy ranches of Marin County, the disease extending to the hands of milkers, as in the days of Jenner. A portion of the virus in the form of crusts has been procured and used for vaccination, producing what is beyond a doubt the true vaccine disease. Several of our physicians, especially Drs. McMillan and Trask, have conducted these experiments. Perhaps it is too soon to make a full report on the subject. In another month, however, we shall be prepared, from personal observation, and from the testimony of the gentlemen above named and other experimenters, to give our readers a complete account of the outbreak of the disease among the cattle, and its character when transferred to the human system. Although we are not among those who believe that vaccinia has lost anything of its virtue by transmission in the human subject, yet it would be highly satisfactory to have a renewal of the supply of virus from a spontaneous development of the disease in the rare form of an epidemic.—*Pacific Med. and Surg. Jour.*

ABSTINENCE EXTRAORDINARY.—There are few things too miraculous for the simple medical faith of the rural press; and the latest evidence of credulity in this respect is a recital of the case of a reverend gentleman in Bennington, Vermont, who, under the advice of his physicians, abstained wholly from food for thirty-five days, since the expiration of which fast his entire sustenance has been one ounce of biscuit and two ounces of apple daily. The tendency of the clergy to commit suicide or homicide with therapeutic intent, is well known to us; but, irrespective of the impossibility of surviving such a fast, it is quite beyond belief that any "physicians" should recommend starvation as a remedial agent.—*Med. Gazette.*

ON ULCERS IN WHOOPING COUGH.—Dr. Bolle, of Paderborn, detected in many cases of pertussis in the mouth, and principally near the frenulum linguae, some little ulcers or erosions, and thinks that the locality of this formation of ulcers is characteristic of the pathological process, which manifests itself in the form of whooping cough.

Dr. Goullon, of Weimar, confirmed that assertion in several cases.

Dr. Bolle saw very good effects in many of those cases from corrosive sublimate, and thinks that the ulcers at the frenulum linguae are in a similar relation to the whooping cough, as the ulcers of the intestinal glands in fever.

Dr. C. Heinigke, of Leipzig, does not believe that there is a specific poison of whooping cough, which is localized in those ulcers, because they have not been found in all cases of pertussis, or, at least, not in the majority of the cases. Dr. Heinigke finds it more probable that the formation of those ulcers is the effect of the peculiar

constitution of the individuals affected by the pertussis; that, therefore, the symptom merits attention as a criterion of peculiarity of the constitution, but not as a characteristic sign of the pathological process which we call whooping cough.—*The Doctor.*

CHOREA.—Dr. Steiner, of Prague, relates, in the *Jahrb. f. Kind.*, an epidemic of chorea, which attacked eighteen girls and one boy. The doctor thinks the disease arises in spinal irritation. Bromide of potassium failed entirely in this epidemic, but Fowler's solution succeeded.—*Ibid.*

PAMPHLETS RECEIVED.—Medical Ethics: with Remarks concerning the present State of the Medical Profession in Albany. Published from the Records of the Albany County Medical Society. By Charles A. Robertson, A.M., M.D., Member of the American Ophthalmological Society, &c. Pp. 97.—Medical Uses of Alcohol. Read before the Executive Board of the Massachusetts Temperance Alliance. By Ebenezer Alden, M.D., Randolph, Mass. Pp. 16.—Diseases of the Womb. Uterine Catarrh frequently the Cause of Sterility. New Treatment by H. E. Gantillon, M.D. James Campbell, Boston. Pp. 64.—First Annual Report of the Board of Directors of the Manhattan Eye and Ear Hospital, New York. Pp. 24.

DIED.—In New Bedford, May 2d, of angina pectoris, Dr. Andrew Mackie, aged 77.

Deaths in eighteen Cities and Towns of Massachusetts for the week ending May 6, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	107	Consumption 49
Charlestown	12	Pneumonia 29
Worcester	20	
Lowell	18	
Milford	4	
Chelsea	3	
Salem	12	
Lawrence	8	
Springfield	3	
Lynn	8	
Gloucester	4	
Fitchburg	5	
Taunton	3	
Newburyport	8	
Somerville	4	
Fall River	10	
Haverhill	4	
Holyoke	4	

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Seven deaths occurred from smallpox; five in Lowell, one in Holyoke, one in Boston.

GEORGE DERBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, May 6th, 107. Males, 59; females, 48. Accident, 5—abscess, 1—apoplexy, 2—inflammation of the bowels, 1—bronchitis, 2—congestion of the brain, 1—disease of the brain, 2—cancer, 2—cyanosis, 2—consumption, 10—convulsions, 3—croup, 1—diarrhoea, 2—dropsy of the brain, 1—erysipelas, 2—scarlet fever, 2—typhoid fever, 2—gastritis, 1—disease of the heart, 7—infantile, 6—inflammation of the arm, 1—disease of the kidneys, 2—disease of the liver, 2—congestion of the lungs, 5—inflammation of the lungs, 11—marasmus, 3—old age, 5—paralysis, 1—premature birth, 2—peritonitis, 1—rheumatism, 3—syphilis, 2—scrofula, 1—varicoid, 1—unknown, 3.

Under 5 years of age, 34—between 5 and 20 years, 6—between 20 and 40 years, 26—between 40 and 60 years, 25—above 60 years, 16. Born in the United States, 61—Ireland, 33—other places, 13.

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DRAGEES.

U. S. P.	U. S. P.
Aloes and Myrrh.....4 grains.	Cynoglose.....1 gr.
Compound Cathartic.....3 "	Quevenne's Iron reduced by Hydrogen.....1 "
" ".....1½ "	Proto-Iodide of Iron.....1 "
Aloetic.....4 "	Lactate of Iron.....1 "
Aloes and Assafoetida.....4 "	Sulphate of Quinine.....1 and 2 "
Dinner, Lady Webster's.....3 "	Valerianate Quinine.....1 "
Comp. Calomel, Plummer's.....3 "	" Zinc.....1 "
Blue Pills.....3 "	" Iron.....1 "
Opium Pills.....1 "	Citrate of Iron and Quinine.....2 "
Calomel Pills.....2 "	" Iron.....2 "
Opium et acet. Plumb. each.....1 "	Willow Charcoal.....2 "
Extract of Rhatny.....2 "	Discordium.....2 "
Compound Rhubarb.....3 "	Anderson's Anti-Bilious and Purgative.....2 "
Compound Colocynth.....3 "	Extract of Gentian.....2 "
Compound Squills.....4 "	Iodide of Potassium.....2 "
Dover Powders.....3 "	Calcined Magnesia.....2 "
Carb. Iron, Vallett's Formula.....	Rhubarb.....2 "
Car. of Manganese and Iron.....	Ergot Powder, covered with sugar as soon as
Cermes.....1-5 "	pulverized.....2 "
Kantinine.....½ "	Phellandria Seed.....2 "
Bi-Carbonate of Soda.....4 "	Washed Sulphur.....2 "
Magnesia and Rhubarb, each.....1 "	Sub-Nitrate of Bismuth.....2 "
Meglin.....1 "	Tartrate of Potassa and Iron.....2 "

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Of 1-50 of a grain each.	Of 1-50 of a grain each.
Aconitine.	Tartar Emetic.
Asenious Acid.	Codeine.
Atropine.	Conicine.
Digitaline.	Ext. Belladonna.
Morphine.	Extract of Hyoscyamus.
Strychnine.	" Ipecac.
Valerianate of Atropine.	" Opium.
Veratrine.	Proto-Iodide of Mercury.
Lupuline.....½ grain.	Extract Rad. Aconite.....1-4 grain
Extract of Nux Vomica.....½ "	Emetine.....1-4 "
Seritrine.....1-24 "	Iodide of Mercury.....1-4 "
Sulphate of Morphine.....1-8 "	Valerianate Morphine.....½ "
Bi-Carbonate of Soda.....1-12 "	Acetate Morphine.....1-8 "
Nitrate of Silver.....½ "	Digitaline.....1-24 "
Extract of Hyoscyamus.....½ "	Strychnine.....1-12 "

Colegium (each granule equal to two drops of tinctures).

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Copaiba and Cubebs.	Cubebs and Alum.	Cubebs, Rhatany and Iron.

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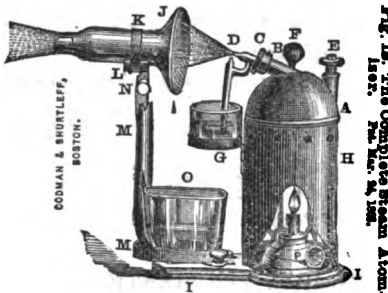


Fig. 1A. The Complete Steam Atomizer.

The waste-cup, medicament-cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.

It cannot be injured by exhaustion of water, or any attainable pressure of steam.

It does not throw spirits of hot water, to frighten or scald the patient.

Is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will tender the best of service for many years, and is cheap in the best sense of the word.

Price, \$6. Neatly made, strong, Black Walnut Box, with convenient handle, additional \$2.50.

Fig. 5. Shurtleff's Atomizing Apparatus.

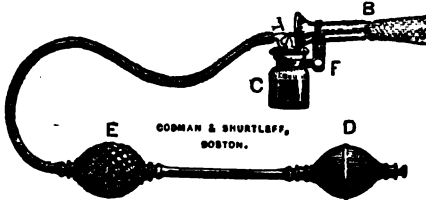


FIGURE 5. Shurtleff's Atomizing Apparatus.

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The most desirable Hand Apparatus.

Rubber warranted of very best quality. Valves of hard rubber, every one carefully fitted to its seat, and work perfectly in all positions.

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- NASAL DOUCHES, for Treating Diseases of the Nasal Cavity, eight different varieties, each with two Nozzles, packed, \$1.20, 1.50, 1.75, 2.00, 2.50 and 3.50

N. B. To save collection expenses, funds should be sent with the order, either in form of draft, post-office order, or registered letter.

For complete illustrated price-list of Apparatus, Tubes, &c., see pamphlet.

Will be sent by mail (post-paid) on application,

A PAMPHLET

containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," with formulae of these successfully employed. Also an article by Dr. J. L. W. THURMAN, M.R.C.P., on "A New Mode of treating Diseases of the Nasal Cavity," with his formulae. Also an illustrated description of the best apparatus for the above purposes, and for producing LOCAL ANÆSTHESIA by Atomization with Ether, by the method of Dr. RICHARDSON, of London; or with Rhigolene, as described by Dr. HENRY J. BULL, in the Boston Medical and Surgical Journal of April 18, 1866.

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"The Committee have no hesitation in awarding for this superb exhibition the highest premium. The various other instruments for Inhalation of Atomized Liquids, and for Local Anæsthesia, were all apparently faultless, both in design and workmanship. The exhibitors are regarded as more especially deserving of the highest token of merit for having produced nothing except of their own manufacture. Gold Medal.

(Signed)

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- " Needle
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A pleasant combination of Pyrophosphate of Iron and Soda, colorless and tasteless. It is readily assimilated and used with great success in *Chlorosis, Anæmia, Dysmenorrhœa, etc.*, replacing all other ferruginous preparations. It never causes constipation.

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Also Syrup of Hypophosphite of Soda, of Iron, and of Manganese.

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A pleasant substitute for Cod Liver Oil, prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodine, so intimately combined as to be insensible to the action of starch.

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Prepared from the Paulinia Sorbilla of Brazil. It is a sovereign remedy in *Headache, Neuralgia, and Diarrhoea*.

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The superiority of combinations of the Salts of Iron and Manganese over those of Iron have been fully established by the experiments of Dr. Petrequin. The following *Ferromanganic Preparations*, approved by the Imperial Academy of Medicine of Paris, have been originated by Mr. Burin Du Buisson in accordance with these experiments, and are confidently recommended to the medical profession as replacing advantageously all medicines having iron as their base, especially in *chloranæmia, chlorosis, and all affections caused by the poverty of the blood*:

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VACCINE VIRUS, of one perfectly healthy human remove from either of the above. VACCINE VIRUS from vaccination of healthy selected infants with the "stock" of the National Vaccine Institution of London, derived in long succession, for seventy years, from lymph collected by Jenner himself; the oldest and best long humanised virus in existence. Crusts, \$3; Tubes, \$2; Packages of points, \$1.50 each.

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Dr. D. H. Storer, Dr. H. I. Bowditch,
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Jan. 13—cowlf.

COPARTNERSHIP NOTICE.—I have this day admitted Geo. F. H. MARKON, for seven years my head clerk, and JOSEPH T. BROWN, JR., my son, partners in my business. I avail myself of this opportunity to tender my sincere thanks to my old friends and customers for the liberal patronage bestowed upon me for more than THIRTY YEARS, and respectfully ask a continuance of their favors in behalf of the new firm. JOSEPH T. BROWN,
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Mch. 11.—11.

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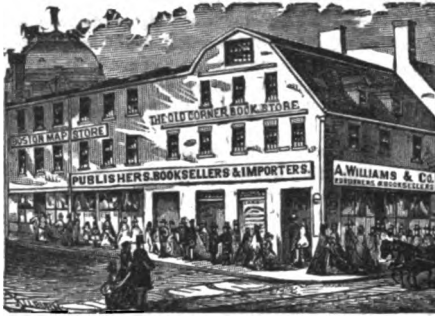
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Ap. 20—sept Aug.

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81—4

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Ap. 27—4.

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For particulars, inquire (by letter or otherwise) of O. W. JORDAN, 82 Washington Street, Boston. Ap. 6—5m

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Wm. Read, M.D. (late City Physician), 24 Dartmouth St. Boston.

David Thayer, M.D., No. 58 Beach Street, Boston.

John Skinner, M.D., No. 821 Washington Street, Boston.

Mch. 30—

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The subscriber will not in future, in any case, furnish either Cow-pox or Humanized Vaccine Lymph to any agent or dealer. It is most important that physicians should know the precise source of their vaccine supply, and who is solely responsible for its excellence; this can only be attained by direct communication with the person who devotes himself to this troublesome and laborious specialty.

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27 Dudley Street, Boston (Highlands).

Jan. 19—4.

BUTTER OF CACAO SUPPOSITORIES.—FOR THE RECTUM AND VAGINA.—A full line of standard, plain and medicated Suppositories kept constantly in stock. Private formulas prepared *exactly as directed by the physician*, and always of the best and freshest materials.

JOSEPH T. BROWN & CO.
Pharmacists, 292 Washington Street,
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829—4.

D. R. KIMBALL has returned from Europe, and has resumed his office, No. 6 Temple Street.
Office hours from 10½ A.M. to 2½ P.M. 090—4.

D. E. B. MOORE, 184 Hanover St., will hereafter attend *exclusively* to office Practice and Consultations.
Jan. 19—4.

D. R. GARRATT'S office hours, after this date, will be from 9 to 1 only.
No. 9 Hamilton Place, Boston, Feb. 1, 1869. 74—4.

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Special attention given to the Treatment of Diseases of the Spine &c.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

FRANCIS H. BROWN, M.D., EDITOR.
H. H. A. BEACH, M.D., ASSISTANT EDITOR.

Whole No. 2259. }
Vol. LXXXIV. }

THURSDAY, MAY 18, 1871.

{ New Series.
{ Vol. VII.—No. 20.

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HARVARD UNIVERSITY.

MEDICAL DEPARTMENT—BOSTON, MASS., 1871-72.

CHANGES IN THE PLAN OF STUDY AND THE REQUISITES FOR A DEGREE.

THE REGULAR COURSE OF STUDY for persons who begin their medical education at this School, will occupy three full years. The year will begin on the Thursday following the last Wednesday in September, and end on the last Wednesday in June, and will be divided into two equal terms. The instruction will be given by Lectures, Recitations and Practical Exercises, throughout the year. The general subjects of the Regular Course of study are:—

For the first year—Anatomy, Physiology and general Chemistry.

For the second year—Medical Chemistry, Materia Medica, Pathological Anatomy, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

For the third year—Pathological Anatomy, Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

No student will receive his degree until he has passed a satisfactory examination in all the above-mentioned subjects. Examinations in all these subjects will be held at the beginning, middle and end of each year.

Students who take the regular course of the School will be divided into three classes according to their time of study and proficiency. Students may be admitted to advanced standing in the regular course; but all persons who apply for admission into the second or third year's class must pass an examination in the branches already pursued by the class to which they seek admission. Students who fail in any subject at one examination may be examined again at the next examination. The regular examinations will be held in the following order:—

At the end of the first year—Anatomy, Physiology and Chemistry.

“ “ “ second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

“ “ “ third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

Students who began their professional studies elsewhere may be admitted to the School and become candidates for a degree without joining the regular classes; such students may take up the subjects which they have not previously studied, in such order as may be thought best, passing the examinations at the beginning, middle and end of each year.

Students who do not intend to offer themselves for a degree, may join the School for one term or more, and pay for instruction in such subjects as they select. Such students will be furnished, without examination, with certificates of attendance.

REQUIREMENTS FOR A DEGREE.—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examinations, and have presented a thesis.

FEES.—For Matriculation, \$5; for the Year, \$200; for either Term, \$120; for Graduation, \$30; for courses in single subjects, according to the detailed announcement.

☐ The plan will go into operation on Sept. 28th, 1871, but the changes above described will not affect students who have already entered the School, unless by their choice.

Apr. 20—

For further information, address

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ADULT DOSE.—One tablespoonful three or four times a day, between meals, or when fatigued and exhausted. The dose for children should be graduated according to the age.

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The disappointment which frequently follows its employment, due most probably to an inability on the part of the system to appropriate the materials supplied by Phosphate of Lime, has led to a search for means to secure its absorption; and this has been best accomplished by its combination with Lactic Acid, in the form of a Lacto-Phosphate of Lime.

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Feb. 16—17.

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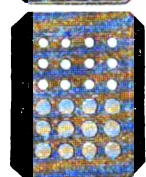
RECOVERY after the Passage of an Iron Bar through the Head.
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Boston, Mass., April 3, 1871.

Ap.6.—it.—cowlf.

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A teaspoonful contains one grain of the Salt of Pyrophosphate of Iron, and a pint of the mixture contains the virtue of one ounce of Royal Calisaya Bark. The Profession are warned against many imitations of the Ferro-Phosphorated Elixir of Calisaya, made from very inferior materials.

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This combination has now become exceedingly popular with the first physicians of the country, by whom it is efficiently and successfully used in gastralgia, laborious digestion, acid eructations, nausea, debility, and nervous derangements. Each tablespoonful contains eight grains Ammonio Citrate of Bismuth, four grains Pyrophosphate of Iron and three-quarters grain Quinine in its natural state of combination.

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Where an efficient tonic is required, and in cases where iron is contraindicated, our simple Elixir of Calisaya will be found of admirable service. In it the finest variety of Calisaya Bark is combined with aromatics and made into a *ruby-colored cordial*, which is very pleasant to the taste and friendly to the stomach. One pint of the Elixir contains the virtues of one ounce of the Calisaya.

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Feb. 2—eply. 11.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, MAY 18, 1871.

[VOL. VII.—No. 20.]

Original Communications.

MONOMANIA, WITH AN ILLUSTRATIVE CASE.

By T. W. FISHER, M.D., Boston.

CERTAIN pathological changes originating in the grey matter of the cerebral hemispheres, or induced in it by eccentric irritation, give rise to mental disturbances which we call insanity. When these symptoms are of an expansive nature with exaltation of self-feeling, the disordered ideas tending strongly to eventuate in action, we assign to them the generic term, mania. Instead of a retarded or painful activity of the nerve cells of the ideatorium, the usual checks and balances seem to have been removed, producing a state of unstable equilibrium, with too frequent and rapid nervous discharge. The normal association of ideas is broken up and lost in a rapid current of ideation, and the disordered ideas rush into muscular execution, without restraint. This general disturbance of the intellectual processes, with an *immediate* eventuation in action, is characteristic of acute mania. Being of sudden origin, marked features, and a rapid course, it gives rise to no question as to its nature, such as sometimes occurs in more common and chronic forms of mental disease.

Monomania is a word which has become established by usage, but which conveys to many minds an incorrect idea of the disease so called. In common terms, a monomaniac is one who is "insane on one subject" only, being in all other respects perfectly rational. This condition is denied by many, since it does not accord with our ideas of the unity of the mind. It is hard to believe that the secret relations of ideas are not deranged when so decided a symptom as insanity exists, if it is limited in its manifestations. Evidence of the separate localization of the so-called mental faculties is wanting, and still less can a definite location be asserted for each group of ideas. It is more reasonable to suppose a general

cerebral affection, with a limited expression, in the region of ideas, determined by circumstance and perpetuated by habit, while the stress of disease falls on emotion and volition.

This view is supported by the fact that monomania in the narrow sense of a single delusion is very rare, and occurs oftenest in cases of hypochondria. The underlying disease is melancholia, with exaggeration of certain physical symptoms, some one of which becomes in the patient's mind the basis of a delusion. He fancies his legs are of glass, or his head a diamond, and the like. Or he has a snake in his stomach; or he is a lobster because his body turns red after a hot bath. The term monomania was perhaps well enough suited to these cases when insanity was considered an exclusively intellectual phenomenon; when the inexact observation of former times perceived in a single prominent delusion the whole disease. The term is, however, now often used carelessly to designate serious and deep-seated insanity, if the prominent symptom is disorder in some special group of ideas.

The definition of Griesinger does not convey the usual insufficient conception of this form of mental disease. He says: "Under the term monomania are comprehended those states of exaltation which are characterized by affirmative, expansive emotions, accompanied by persistent over-estimation of self, and the extravagant, fixed, delirious conceptions which proceed therefrom."

The all-comprehending nature of monomania is shown at once in the central symptom of self-exaltation, which manifests itself in vanity, pride, haughtiness, presumption, or audacity. This affirmative disposition is persistent, and will not brook opposition.

The power of volition is correspondingly exalted, and manifests itself, not usually in *immediate* action, as in mania, but in extravagant projects, which seem feasible to the patient, who thinks himself capable of anything. The desire for the manifestation of power, common to all forms of mania,

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is here controlled and kept in check by the series of fixed morbid ideas which preside over the will.

The intellect, as well as the emotions and the will, suffers in monomania. Out of the numerous trains of exalted thought which at the outset present themselves, the mind naturally fixes upon some one appropriate channel for its expansive tendencies. This may be determined by chance, or by previous tastes and habits, but once chosen, the delirious ideas maintain considerable independence, and tend to develop and express themselves, in their own sphere of action.

The conduct is what logically would result from the above stated condition of the intellect, emotions and will. The patient generally assumes some exalted office, or mission, which absorbs, sooner or later, his whole mental and physical activity. His relations with his family and with society are disturbed and broken up, and he becomes the slave of his delusions. By force of a diseased will, he tries to bend everything to the accomplishment of his insane plans. From choice, and for a purpose, such a patient may, however, fulfil the ordinary requirements of society, and even prove expert in concealing or explaining away his insane schemes if they are in danger. Opposition, when not too formidable, is sure to excite to acts of violence, as the most ready means of repelling interference. The restraints of the family and intimate friends are quite likely to be resisted forcibly.

Monomania, therefore, instead of being a partial insanity, superficial, trivial and unimportant, is really of extreme gravity, since it profoundly involves those organic centres controlling the emotions of the intellect and the will. Griesinger says, in so many words, that "it is to be considered a much more serious affection than mania." Mania is a storm which soon expends its fury, while monomania is a current, deep, dark, and often dangerous. I wish to put a case, with which I have been much occupied the past year, to the test of Griesinger's definition.

A gentleman, 72 years old, originally of eccentric habits, and insane tendencies, was, 30 years ago, cured, as he thought, of acute rheumatism, by Thomsonian remedies. On his recovery, he determined to do something, sooner or later, for this system of practice, at that time somewhat in vogue. To that end he began to collect newspaper items, and to read books bearing on his

subject, and finally to prescribe for his friends.

Ten years ago, after retiring from business, he began to devote more time to his queer researches. The copperplates of Thomson's portrait, an ancient medical dictionary, and other now obsolete books, were his most valued possessions. He published, about this time, two pamphlets, which he regarded with great satisfaction. One of them, singularly enough, was not in the line of his medical inquiries, but purported to be a new plan for reforming the language. Under the two captions "Age of Words and Phrases" and "Grammar" were assembled nearly thirty pages of disconnected and incoherent sentences, made more confusing still by the constant interpolation of synonyms, abbreviations without method, and other extravagancies. To read a page, is to risk a headache, and to go through the book at a sitting would be little short of madness.

The second pamphlet, entitled "Track No. 1," is more readable from the absence of the fantastic and distracting verbal construction of the former. It is still a good specimen, from beginning to end, of incoherency of ideas. There is also occasional verbal incoherence, and, throughout, the most absurd ideas are expressed with a gravity and earnestness born only of an insane conviction. The writer says, "We have been so excited with joy, when, after twenty hours' study, followed day after day, we found we could discover no failure in these principles (!) that our body, and our voice, too, has shaken for days afterwards like a dry leaf in the wind."

The private thought in this so-called system is the use of the syringe, of which the writer makes himself the champion, offering rewards to clergymen who will advocate its use from the pulpit, and to the city fathers, if they will provide facilities for its public use, and urging all hotels to provide injections for guests on arrival. It is unnecessary to particularize further, when all is so absurd. Suffice it to say that under the guise of a system which was to restore mankind to health and happiness, and prove its author the benefactor of his race, is found a mere tissue of incoherent nonsense.

Six years ago, in further pursuance of his schemes for the apotheosis of the syringe, he added to his brick house, situated in the heart of the city, a story and a half, and built against its rear windows a wooden structure, quite filling up his back yard.

These additions, made and fitted up with steam boxes, water-closets, and bath-tubs in each room, he called his hospital. To sustain this impracticable and expensive institution, he, from time to time, drafted, and attempted to execute, wills, leaving large bequests to it. These were so absurd that he was unable to prevail upon his legal adviser to complete them. He never succeeded in getting his hospital officered, even, and it is in fact wholly unfit for any hospital purpose whatever, and is, moreover, a damage to the estate.

Three years ago, he withdrew more and more from his family and society, living, night and day, in an attic room, surrounded by his literary scraps, and devoting his time, far into the night, to the preparation of a more elaborate exposition of his medical system. This new work, of which he published a dozen pages, is entitled "The Herbal Physician," and is in the form of a drama, cut short at the twelfth page. Its style is tolerably coherent, being largely the work of hired amanuenses, who were constantly in his employ. Under these circumstances, his health was rapidly failing. Want of a proper amount of sleep and nourishment, with the naturally progressive nature of the last stages of his disease, had so seriously impaired his health, that he expressed to me his fear of dying before finishing his last great work.

In this state of things his wife sought my advice to determine whether his case did not require interference. It was evident to Dr. Thaxter, who also saw him, as well as to myself, that hospital restraint was imperatively demanded to arrest the insane habits which were proving so rapidly destructive. It was believed that rest, sleep, food, and suitable medical treatment would prolong his life, and add comfort to his last years. The patient had proved violent in several instances, and kept his family in constant fear and subjection to his least whim. He confessed to me his suspicions of the sanity of his family, and his belief in their intent to kill him, and he showed on several occasions by his conduct that these suspicions and this belief were genuine, and not assumed. It further seemed that his management of his property was entirely controlled by his delirious ideas, and that his purse and estate were literally at the disposal of anyone who should set himself about deceiving him. His credulity in the direction of his delusions was great.

Several months' opposition by able counsel resulted in the denial of legal relief. The

court admitted the probable existence of *incipient* insanity, but considered the evidence for waste of property, and of danger to the community, as insufficient. The wife's testimony, always the most valuable in such cases, was not put in, and the patient himself was not examined. His disease, ably seconded by a weekly and sometimes daily use of a sweat, emetic and an injection, proved fatal in a few months more.

The first and essential feature in Griesinger's definition of monomania was strongly marked in this case. It is seen in the disparity between his extravagant claims and his utterly inadequate performances. Nothing short of an insane conviction of infallibility could bridge over such a gulf. It is shown in his pretensions as a medical reformer, and in his scheme for renovating the language, based on a chaos of unreadable sentences. It was further shown, in the acts of petty household tyranny, by which his morbid will continually enforced itself. It found expression in such words as these, "I am my family!" and "*this hat covers my family.*" The fact that this patient was allowed for years to go on unrestrained in his exactions and expenditures, exhibits the power of this diseased self-assertion over ordinary minds.

Emotional disorder was shown in irascibility, resulting at times in personal violence; also by fears and suspicions of danger, leading to strange defensive precautions, based on the expressed belief in the insanity of those about him, and upon alleged attempts on his life. The disposition, amiable at times, was subject to sudden variations and contradictions; extreme harshness and severity following kindness without warning. There was parsimony in household expenditures, while no expense was spared to further his insane projects.

The intellectual disorder showed the usual one-sided development which alone gives pertinency to the term monomania, while the judgment was fatally impaired with reference to the value of his delirious ideas. Upon matters of business routine, he retained a fair amount of reasoning power. Under the stimulus of legal proceedings, and aided by able counsel, he made a very efficient defence against the charge of mental disease. He used in conversation the stereotyped arguments with a certain shrewdness common enough among the insane. There was a display of cunning which sometimes overleaped its object, and was far removed from the defensive action of a healthy mind. Technical skill and a

knowledge of affairs are often found in cases of general insanity, and should excite no astonishment in a case like the above.

With such evidence of incoherence as the pamphlets alluded to afford, with hundreds of still more fantastic scraps in manuscript, to say nothing of the abortive wills, and the standing proof of his so-called hospital, no question of profound intellectual aberration can be entertained. In fact, as is so often the case, this patient had a half-suspicion of his own sanity; for he asks, in one of his manuscript scraps, "Am I insane, or is all the world becoming so?"

His conduct, from first to last, was logically consistent with his delusions, and with the form of mania above described. As his writings were the organic outgrowth of his disease, so his actions were the necessary expressions of his disordered ideas and feelings. And, finally, his persistent use of his own exhausting remedies, his last business acts, and testamentary disposition of his property, proved his disease to be strong in death.

I did not intend to make further comment on this case, which, however briefly presented here, was of almost typical perfection. Had the legal relief sought for been obtained, I am sure this patient might have enjoyed several more years of life in comparative comfort. The restraint of a hospital, or even of a guardian of his person and property might have prevented the slow suicide of his peculiar mode of life. I do not pretend to interpret the law as it stands on the statute books, nor the higher law which sometimes hampers it, consisting in a cheap popular sentiment for personal liberty at all hazards.

Taking the common sense view of this case, here was an insane man, whose life would certainly be prolonged and his comfort enhanced by a certain amount of restraint, to be regulated experimentally by persons legally authorized and responsible. The sole objections usually raised in such cases are those relating to the loss of personal liberty, and to the designs of relatives on the patient's estate. When an insane man restrains the personal liberty of his family for years, and to his own detriment also, in a way to put to shame the worst regulated hospital, I think the weight of sympathy should go with the majority. The designs of relatives, to say nothing of the deeper designs of strangers, who would find no trouble in leading a willing hobby to *their* stable, would seem to be best met by a legal guardian. Fortunately, or unfortunately, law and public sentiment agree

in allowing an insane person to go to destruction in his own way, and to take his family part way with him, provided he keeps on good terms with the world outside.

Reports of Medical Societies.

THE BOSTON SOCIETY OF MEDICAL SCIENCES.
J. ORNE GREEN, M.D., SECRETARY.

FEB. 7th, 1871.—The Society met at the house of Dr. Dwight, Dr. White in the chair.

Dr. White showed under the microscope some tufts of hair from the head of a lady which presented appearances entirely different from anything which he had ever seen, or which are mentioned in any of the latest works on the hair. The specimen shown consisted of a mass of hair which ramified and twisted on itself, resembling the twisting and intertwisting of some of the South American parasitic vines. The specimen was entirely unique, and no member was able to give any explanation of it.

Dr. Nichols mentioned some experiments which he had undertaken to determine the character of an eruption which appeared on three members of the same family, and which was referred by them to drinking the milk of cows afflicted with epizootic disease. The eruption began as vesicles on different parts of the body and in the mouth; these became small ulcers, with a viscid discharge resembling syphilitic ulcers, and Dr. Nichols saw the family with Dr. H. E. Marion, on account of cup-shaped ulcers in the mouth. The disease had then lasted three or four weeks; the general health was good. The ulcers healed readily under a stimulating treatment. Quills were dipped in the discharge from these ulcers, and from these, a few days after, rabbits were inoculated on the body. In all so inoculated, vesicles were produced in the mouth and on the body, and death followed in from two to three days. The same effects were produced by inoculating rabbits with the lymph from cows affected with epizootic disease. The same milk used by this family had been distributed to many persons in Roxbury before the milkman knew that the cows were diseased; several of these persons had been affected in the same way that these patients were.

Although the eruption from epizootic disease was very rare in man, Dr. Nichols

stated that Prof. Hertwig, of Berlin, by way of experiment had drunk one quart of diseased milk a day, and after several days vesicles had appeared in the mouth and between the fingers; no eruption, however, had, so far as he knew, been reported on the lower extremities, although it existed in these cases.

Dr. Amory said that a gentleman of his acquaintance had taken the milk from cows slightly diseased without vesicles on the udders, but it had produced no effect on him.

In reply to Dr. White, Dr. Nichol said that he had made no microscopic examination of the milk to see whether, as has been said, it contained pus.

MARCH 7th, 1871. The Society met at the house of Dr. Richardson, Dr. Homans in the chair.

Dr. Fitz read a paper, illustrated by specimens, describing the anatomical structure of a series of cysts of the lumbar lymphatic glands, considered by him to be due to obstructed lymph vessels. [This paper appeared in the number of this JOURNAL for March 23d, 1871.]

Dr. Dwight said that he had thought the origin of the granular corpuscles was in cysts, a fatty degeneration of the epithelium or in the brain, a degeneration of the glia cells; he had never seen a granular cell shut in by an epithelial cyst as in this case.

Dr. Webber read a review of the experimental researches of Messrs. Masius and Vaulais with regard to the anatomical and functional regeneration of the spinal cord. "The anatomy of the filium terminale had been studied and shown to resemble in its different sections the various stages of embryonic development of the human cord. Preliminary experiments were made to learn the regions supplied by the different nerves, and to learn also the centres for reflex action of the different nerves. Two millimetres were removed from the cord at different levels between the third and sixth vertebræ. After a month or more, voluntary motion was slowly restored, and still later sensation and reflex action were also restored over the small space where it had been lost. In one case, where the cord was examined one month after the operation, a gelatinous substance was found between the ends of the cord, and in this were cells resembling nerve cells and fibres resembling those of Remak. Voluntary motion was first restored, and, subsequently, sensation."

Dr. Jeffries said that in a report of an

amputation of the finger, under the use of nitrous oxide, which he had recently read, the anæsthesia had been found sufficient, but the spasmodic contraction of the muscles was so great that considerable force was necessary to straighten the fingers. At the last meeting of the Society he had spoken of the same spasmodic contraction of the muscles of the eye in a patient of his, and since that meeting he had again used the gas as an anæsthetic, and in this case also had a very strong contraction of the orbicularis whenever the probe touched the eye. He asked if this same muscular contraction was to be seen in animals.

Dr. Amory, in reply, stated that in animals this was not seen, but that with them he had used the gas more freely than he should do with a man; he considered that the fault lay in the imperfect anæsthesia, as the same contraction could be seen in a person not fully etherized. He thought there would be no danger from the nitrous oxide if the gas was removed as soon as the respiration began to cease, for he should expect respiration to begin again immediately.

Dr. Jeffries said that dentists complain that patients become accustomed to the gas, and require more and more each time to produce insensibility.

Dr. Amory had never observed this in animals, and he thought it might be due to the fact that the gas became weaker by being kept under water, as it usually is.

APRIL 4th, 1871. The Society met at the house of Dr. Warren, Dr. Knight in the chair.

Dr. Warren showed, under the microscope, sections of a psammoma of the brain, and read a paper on the minute structure of these growths.

"Psammoma (psammos—sand) is a name given to a growth occurring most frequently within the cranial cavity, and so called on account of the presence of calcareous matters, which are nearly always found in it, similar to what we find in the pineal glands, pacchionian bodies and the dura mater. The quantity of sand is sometimes very great, so that we can feel the particles and detect them with the naked eye, while at other times they can only be seen by the aid of the microscope. A thin section of one of these tumors, examined under the microscope, shows the presence of a large number of round bodies made up of concentric layers, in the middle of which is deposited the calcareous matter. The calcareous matter is not, however, always in the centre, but may be deposited at two or three points

at once, or it may generally begin at the centre and spread outwards from layer to layer. These concentric bodies are found to be made up of connective tissue cells, which are somewhat flattened, and which, according to Steudner (*Virchow's Archives*), lose their nuclei and run together into a homogeneous mass, which forms in concentric layers, and in which the calcareous matter is deposited. This deposit may continue until the whole body is changed into a homogeneous calcareous ball. The calcareous matter can easily be dissolved out and the organic basis be reproduced.

"The sandy bodies are not always found deposited in these cellular bodies, but are seen lying between bundles of connective tissue fibres.

"In addition to the concentric bodies, we find a large number of cellular elements in the tumor and a stroma of connective tissue fibres containing bloodvessels. The greater part of the sandy bodies which we find on the membranes of the brain are, according to Virchow, not of an organic origin like these, but are simply to be considered as concretions. This form of tumor he considers to be undoubtedly of a connective tissue origin and not epithelial, as it is supposed to be by Robin, who considers it to be developed from the epithelium of the arachnoid, and the concentric bodies to be nothing less than balls of epithelium cells, such as are found in epithelial cancer.

According to Ranvier and Cornil, the psammoma is developed from the flattened cells in the walls of the vessels. These form in a little sac which communicates with the cavity of the vessel. The calcareous matter is then deposited in these cells, giving rise to a form of phlebolite. The name given by them to this growth is 'sarcoma angio-lithique.'

"They occur most frequently in those parts in which in the normal state sandy material is found—on the choroid plexus, the lateral ventricle. They are also found in the dura mater, and even in the brain substance. When on the dura mater, they are frequently accompanied by a chronic pachymeningitis, which fact would speak for an inflammatory origin.

"Analogous formations are found also in the submaxillary and lymphatic glands, and sometimes in the spleen and other places. It is not, however, in psammoma alone that sandy bodies are to be found. They are also occasionally to be seen in cancer of the breast, one or two instances of which I have myself had an opportunity to observe. They have also been observed in

other growths. Virchow and Billroth consider psammoma as allied to sarcoma. Steudner places it between fibroma and the firm spindle-cell sarcoma. Its growth is generally very slow."

In reply to Dr. Fitz, Dr. Warren said that the reaction of iodine had not been tried on the specimen, because it had already been hardened when he received it. In his microscopic examination, however, he had not found anything characteristic of corpora amylacea.

ANNUAL CONVENTION OF THE AMERICAN MEDICAL ASSOCIATION.

FIRST DAY.

The twenty-second Convention of the American Medical Association was opened in Pacific Hall, San Francisco, Cal., on Tuesday morning, May 2d, at 11 o'clock. The present officers are: President, Dr. Alfred Stillé, of Pennsylvania; Vice-Presidents, Dr. J. S. Wetherby, of Alabama, Dr. Henry Gibbons, of California, Dr. G. J. Heard, of Texas, Dr. Samuel Willey, of Minnesota. Permanent Secretary, Dr. W. B. Atkinson, Philadelphia; Assistant Secretary, Dr. Joseph Tucker, of California; Treasurer, Dr. Caspar Wistar, of Pennsylvania; Librarian, Dr. F. A. Ashford, of District of Columbia.

Dr. Arthur Stout, of San Francisco, called the meeting to order, and introduced the President of the Association, Dr. Alfred Stillé.

President Stillé received a warm greeting from the meeting. He introduced the Right Rev. Bishop Kip, of California, who invoked Divine blessing upon the proceedings of the convention.

The report of the Committee upon Credentials was called for. Dr. Stout, the Chairman, delivered an address in which he heartily welcomed the members to the hospitalities of California.

Dr. Stout reported that the registration had not yet been completed, two hundred members having thus far been registered.

On motion, the Committee were given until Wednesday to present their report.

A letter was read from Prof. S. D. Gross, of Philadelphia, ex-President of the Association, regretting his inability to attend the sessions of the Convention. It was ordered spread on the minutes.

On motion of Dr. Stout, all members of the California State Medical Society not delegates were invited to sit as members by invitation.

The President commenced his annual ad-

dress by calling attention to the vast change which had taken place in the State of California during the quarter of a century of the existence of this Society. He then adverted to the objects for which the Association was formed, and the progress which had been made in the profession, as he felt, by its agency. Further maturity, however, he said, was needed; a higher growth was to be looked for; the idea of development in education is as natural and as necessary as it is in the growth of an organized being. In speaking of advance in professional education, he considered it a fact that, although scarcely one of the many reforms recommended by the Association had been formally adopted by the colleges, medical education has been continually improving. Obstacles to farther and more rapid improvement exist and must be met.

"Either some one institution must be endowed so as to be rendered independent of its rivals, or a number of the leading schools must agree together to adopt a curriculum in harmony with the present state of medicine, and with the system of instruction pursued in the principal schools of the world. Of these two conditions there seems no prospect whatever that the first can be fulfilled. The execution of the second depends entirely on the good will of the colleges that are interested in the decision. No one can act alone; and every effort to induce several of them to enter into a compact which shall be of mutual obligation, and not to be abrogated without the consent of all the contracting parties, or, at least, a large majority of them, has hitherto proved unavailing. What motives, if any, will determine the adoption of a different policy, may be conjectured, but need not be suggested; yet it is safe to affirm that if the profession at large were to lend their support to those colleges and only those which determine to carry out essentially the recommendations of the conventions of medical teachers held at Cincinnati in 1867, and at Washington in 1870, we should soon enjoy the benefits of a system of education which would place the American medical profession upon a perfect equality with that of the most favored country."

Dr. Stillé spoke, in sequence, of quackery, of the question of women entering the profession, of colored physicians, of the granting of diplomas, of the right of colleges to revoke the diplomas of men who leave the ranks of legitimate medicine for quackery, and of alcoholic stimulants as medicines.

At the conclusion of the address a vote of thanks was accorded to the President.

Several invitations of an agreeable nature were extended to the members of the Association, which were accepted.

The reports of a large number of Committees were expected. But few of them responded to the invitation of the Chair, and those principally to gain time. The report "On Protest of Naval Surgeons, &c.," by Dr. S. W. Ruschenberger, U.S.N., was read and was laid on the table. That "On a National Medical School," by Dr. Francis Gurney Smith, of Pennsylvania, was received and adopted. That on "Criminal Abortion" was referred to the Committee on Obstetrics. That on "Medical Education" was sent in printed by Dr. Geddings. That on "Prize Essays," by Dr. T. M. Logan, was read. The reports on the "Climatology and Epidemics," of various States, were for the most part continued till next year. That on the "Climate, &c., of California," by Dr. F. W. Hatch, was referred to the Special Committee on the subject. A voluntary communication on "The Operations for Stone," was referred to the Committee on Surgery. After some discursive remarks by various members, the meeting was adjourned to 10, A.M., on Wednesday.

SECOND DAY.

THE Association met at 10.00, A.M., pursuant to adjournment. The attendance was large.

The minutes of Tuesday's session were read and approved.

The Committee of Arrangements and Credentials reported the names of accredited delegates and permanent members of the American Medical Association. The following members were present from the New England States:—

Connecticut.—E. R. Hunt, W. Woodruff, J. W. Phelps, Chas. L. Ives, Levi Ives, L. N. Beardsley, F. L. Dibble, W. B. DeForrest, B. H. Catlin, Alfred North, Moses C. White, Sheldon Beardsley, H. D. Holton, Henry McKnight.

Massachusetts.—George N. Thomson, H. R. Storer, E. Cutter, E. B. Moore.

New Hampshire.—John W. Parsons, J. L. Swett.

Rhode Island.—L. F. C. Garvin, G. L. Collins.

Dr. Ames, of Minnesota, moved that the report, with the exception of that portion referring to the members by invitation, be accepted.

Dr. Storer moved to amend the motion, in that the report be accepted as a whole, and not as at present adopted.

Dr. Toner desired to have the relations of Dr. Thomas (of Philadelphia) to the Association defined.

Dr. Henry Gibbons doubted the propriety of catechizing members, after the Committee had accepted their names. It would establish a bad precedent, aside from creating unhealthy wrangles. He suggested the reference of the Thomas case to the Committee on Ethics—but he believed such a Committee did not exist.

Dr. Pinkney attempted to define his position, &c., but was declared out of order.

Dr. Pancks moved that the case of Dr. Thomas be referred to the Committee on Ethics; if none existed—holding over from last year—one might be appointed.

The President stated that Dr. Thomas was in full communion with the Association; no case for consideration existed.

Dr. Toner moved that the vote whereby the report of the Committee on Credentials was accepted, be reconsidered.

Declared out of order.

Dr. Thomas arose to a question of privilege, and enumerated the Medical Societies in Philadelphia with which he was connected.

Dr. Storer remarked that Dr. T.'s explanation did not satisfy him. It showed that the gentleman was in better standing than he had supposed, but he favored the reference of the matter to the Committee on Ethics.

A delegate suggested that Dr. Pearson, of Woodland, occupied questionable relations with the Association.

Dr. Johnson, of Missouri, endorsed Dr. Pearson as a highly educated physician and able practitioner.

The Dr. Thomas case was finally referred to the Committee on Ethics by a vote of 85 to 15.

Dr. H. Gibbons stated that there was no Committee on Ethics in existence.

The President, by vote of the Association, was authorized to appoint a Committee on Ethics at an early day.

Dr. Logan presented a list of members of the San Francisco Medical Society, and moved that they be declared members of the Association by invitation.

Dr. Stout favored the motion, and recited cogent reasons for his action. California, situated on the verge of the continent, and yet in her infancy, failed to afford some of the facilities for progress found in the East.

Medical Societies were not numerous here, and chances for physicians to become eligible for membership to the National Society were comparatively few. It was for this reason that he supported the motion.

Dr. Simmons, as one of the Committee on Credentials, would have been pleased to recommend the gentlemen for membership, but found the Constitution prohibited such action.

Dr. Davis, of Chicago (Ill.), said that there were other medical gentlemen, outside of those in the list read by Dr. Logan, who were desirous of becoming members of the Association. The speaker did not favor excluding the gentlemen, by any means. Let them come in and witness our proceedings; extend cordial invitations to them to mingle with members of the Association; but they cannot be admitted as members. The Constitution would not permit the passage of the motion offered by Dr. Logan—and the Association must cling to the Constitution.

Dr. Logan's motion was lost, and a motion to invite the applicants to visit the meetings of the Association prevailed.

Dr. Yandell, of Kentucky, read a report of the Committee on Medical Education, prepared by Dr. Geddings, of South Carolina. In a private letter, Dr. Geddings notified the Association that the entire report was written by himself, without consulting other members of the Committee.

On motion, the report was accepted and referred to the Committee on Publication.

In the discussion of the report, considerable time was occupied by appeals from the decisions of the Chair, &c.

Dr. Henry Gibbons extended still farther invitations to the members, which were accepted.

Dr. Gibbons read an article on Vaccination, published in a homœopathic journal,* by Dr. Henry A. Martin, with his official title as Chairman of Committee on Vaccination of the American Medical Association affixed. The opinions enunciated by the writer seemed to grate harshly on the ears of members of the profession. When he had finished reading the article, Dr. Gibbons moved for a reconsideration of the vote, whereby Dr. Martin was continued Chairman of the Committee on Vaccination for another year. The gentleman had insulted each and every member of the Association by the publication, and in justice to themselves immediate action should be taken in the matter.

* The New England Medical Gazette, January, 1871.

Dr. Storer was unacquainted with the circumstances of the case, and felt that the Association should suspend judgment until Dr. Martin could be heard.

Members called for a second reading of the article.

Dr. Gibbons read the first few lines.

Members—"That's enough."

Dr. Dawson said that the article was an insult to every member of the Association, and moved that Dr. Martin be expelled as a member of the Association.

Dr. Bibb offered an amendment, that a committee of three be appointed to prefer charges against the gentleman.

Dr. Davis suggested the reference of the matter to the Massachusetts State Medical Society, to which Dr. Martin belonged.

Dr. Johnson gave Massachusetts a shot for her delinquencies; many of the members consorted with homœopathists in that State, hence nothing would be accomplished by referring the matter to the local Society there.

Dr. Stout offered an amendment to Dr. Bibb's motion—that the matter be referred to the Committee on Ethics.

Dr. Gibbons's motion to remove prevailed; Dr. Stout's amendment to refer the matter to the Committee on Ethics was also passed.

The Committee on Ethics was appointed by the Chair, and consists of Dr. Henry Gibbons, Dr. Davis, of Chicago, Dr. F. S. Smith, Dr. Parsons and Dr. Toner.

A motion to refer all questions of membership and character to the Committee on Ethics prevailed.

Several protests from Connecticut, Massachusetts and New York were referred to the Committee on Ethics.

Dr. T. M. Logan, of Sacramento, Chairman of the Committee on Prize Essays, reported in favor of awarding prizes as follows: First prize—to E. R. Taylor, of Sacramento, for essay upon the "Chemical Constitution of the Bile." Second prize—to Benj. Howard, M.D., of New York, for essay upon "The direct method of artificial respiration for the treatment of persons apparently dead from suffocation, from drowning, or from other causes." Several other essays were received and considered.

On motion, the Committee on Prize Essays were instructed to return essays to writers when desired.

Dr. Davis, of Chicago, member of the Committee on Resolutions, appointed at the meeting of the Association in 1869, submitted an elaborate report, closing with the following resolutions:

Resolved, That each State and local Medi-
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cal Society be requested to provide, as a permanent part of its organization, a Board of Censors for determining the educational qualifications of such young men as propose to commence the study of medicine, and that no member of such Societies be permitted to receive a student into his office until such student presents a certificate of proper preliminary education from the Censors appointed for that purpose, or a degree from some literary college of known good standing.

Resolved, That a more complete organization of the profession in each State is greatly needed, for the purpose of affording a more efficient basis, both for educational and scientific purposes.

Resolved, That a committee of three be appointed for the purpose of continuing the correspondence with the State Medical Societies, and of asking their earnest attention to the foregoing resolutions, in addition to those submitted for their action in 1869.

Dr. Moore, of St. Louis, offered a resolution that all medical colleges charge \$100 as the fee for a course of lectures, and that a forfeiture of this rule shall exclude such college from representation in the Convention. After a protracted discussion, the resolution was voted down, on the ground that quality of education does not depend on price.

The resolutions offered were all tabled, and the Convention then adjourned until Thursday.

THIRD DAY.

THE Association assembled pursuant to adjournment. In the absence of Dr. Stillé, Dr. Henry Gibbons assumed the chair.

The Committee on Publication reported that the copy of Vol. XXI. was put into the hands of the printer on May 26th, 1870, but in consequence of the necessity of ascertaining definitely, by means of circulars distributed to the members of the Association, how many copies it would be necessary or safe to print, the volume was not fairly started until the 1st of July. They then went to press, and 650 copies were printed. The report is accompanied by a table, exhibiting the number of copies of each volume, and the number disposed of since the last report.

The Treasurer's report was read by the Secretary, from which we learn that the receipts during the year were \$3,802.88; disbursements \$3,098.56; the balance on hand is \$704.32. The Treasurer reiterates the hope that the Association will not refer any matter to the Committee on Publication not

of real value, as all the matter thus referred must be published, at times causing the volume of transactions to cost more than the sum fixed for its purchase by members.

Referred to the Committee on Publication.

The report of the Librarian, F. A. Ashford, M.D., of Washington, was received and read. He reported that the books entrusted to his custody by his predecessors had been well preserved at the Smithsonian Institute, through the kindness of Prof. Henry and its Regents. Three hundred and thirty-nine volumes, including pamphlets, monographs, &c., composed the collection at the date of the last report, and the additional matter received during the past year has been chiefly a continuation of the medical and surgical journals. The report is replete, with important suggestions.

Referred to the Committee on Publication.

Association of Superintendents of Insane Asylums.—John C. Atlee, M.D., delegate to the Association of Medical Superintendents of American Institutions for the Insane, made a report, following which Dr. Storer offered the following resolution:

Resolved, That the Association of Superintendents of Institutions for the treatment of the Insane and the American Medical Association should be more closely united, and that the meetings of the two Associations should be held at about the same time and at the same place.

Adopted.

Dr. Johnson, of Missouri, presented a report from a Special Committee, suggesting a plan for the elevation of medical attainments and establishment of a National Academy of Medicine. Referred to Committee on Education.

Dr. Yandell, of the Special Committee, to whom was referred the report of Dr. Pinkney on Foreign Naval Medical Affairs, submitted at the session of the Association in 1870, presented the said report and moved its reference to the Committee on Education.

The motion prevailed.

Dr. E. T. Barber, of Yreka, submitted a report upon a case of fracture of the neck of the femur in a child seven years of age.

Referred to the Committee on Publication.

The Chairman of the Section on Materia Medica and Chemistry, Dr. Yandell, reported having received a valuable paper from Dr. Gibbons, of Alameda, entitled *The Botany of the Pacific Coast*. The paper was accompanied by one hundred and eighty specimens of indigenous plants, &c.,

and would certainly be considered a valuable contribution to the science of medicine.

The Committee moved that the paper be referred to the Committee on Publication.

Dr. Gibbons arose and requested that the recommendation of the committee be withdrawn. The paper was not complete—not as perfect as he could make it by additional work.

On motion, a vote of thanks was passed, and the paper returned to its author for completion.

Dr. H. R. Storer, delegate from the American Medical Association to the Canadian Medical Association, submitted a verbal report in behalf of himself and associates—Dr. Sullivan, of Boston, and Dr. Gerrish, of New York. He eulogized the Canadian Association. Its members were far above the members of the American Association in point of medical education—almost all of them having graduated from European Colleges of note.

The Committee on Nominations made the following report: For President, Dr. D. W. Yandell, of Kentucky; First Vice President, Thos. M. Logan, of California; Second Vice President, C. L. Ives, of Alabama; Third Vice President, R. M. Mitchell, of Alabama; Fourth Vice President, J. K. Bartlett, of Wisconsin; Assistant Secretary, D. Murray Chester; Librarian, F. A. Ashford, Philadelphia; Treasurer, C. Weston, Philadelphia. Next place of meeting, Philadelphia.

On motion of Dr. Davis, the report was accepted, and the officers unanimously elected.

The Committee on Ethics submitted a partial report, recommending some removals, &c., and asking time in the case of Dr. Thomas, the delegate from the Female College of Philadelphia.

The report was accepted.

Under the head of unfinished business, an amendment to the Constitution, offered at the last meeting of the Association by Dr. Hartshorne, of Philadelphia, was taken up for consideration. The proposed amendment is embodied in the following resolution:—

“Resolved, That nothing in this Constitution shall be so construed as to prevent delegates from colleges in which women are taught and graduated in medicine, and hospitals in which medical women, graduates in medicine, attend, from being received as members of this Association.”

A lively discussion ensued, in the course of which remarks were made in favor of the resolution by Drs. Harding of Indiana,

King of Pennsylvania, Gibbons of California, Atlee of Pennsylvania, and Thomas of Pennsylvania; and in opposition by Drs. Davis of Illinois, Johnson of Missouri, and McArthur of Illinois. A vote was taken, and the motion to adopt the resolution was indefinitely postponed. The Convention then adjourned until Friday.

FOURTH DAY.

The Association assembled at 9, A.M. President Stillé in the chair.

A number of the delegates having departed for the interior, the attendance did not equal that of previous sessions.

The minutes of preceding meetings were read and approved.

Dr. T. M. Logan, of Sacramento, submitted a series of resolutions recommending the establishment of a chair of hygiene in medical schools, and suggesting a National Health Council based on the principle of the State Boards of Health of Massachusetts and California.

Adopted, and referred to the Committee on Publication.

Dr. Logan moved that the State of Pennsylvania be represented by the President, Dr. Stillé, on the proposed Committee. Carried.

The nominating committee reported the names of gentlemen selected by them for the various standing committees and for the officers of sections.

The Secretary read the minutes of the Committee on Obstetrics and Medical Jurisprudence. Referred to the Committee on Publication.

Dr. O'Donnell offered a resolution condemning criminal abortion, and urging stringent measures for its prevention.

Surgeon J. M. Brown, of the United States Navy, returned the thanks of the medical gentlemen of this department of the public service for the hearty coöperation of the Association in the recent contest between line and staff; a contest to define the position and rights of the latter, and acknowledge the dignity of the profession. The law now recognized the usefulness of the staff, and regulated the rank of officers; it did not give them all they were entitled to, but enough on which to make an honorable concession and fair compromise.

Referred to the Committee on Publication.

Dr. Montgomery, of Sacramento, offered a resolution to the effect that a Chair of Ethics should be established in all the Medical Colleges in the United States, either as an Independent Chair or in connection with some other department. Withdrawn.

The number of licensed physicians in the United States has been ascertained by Dr. J. M. Toner, after considerable labor—according to the statement of Dr. McArthur, of Illinois. There are some 60,000 physicians; only 3,000 of them homœopaths. In view of the importance of these statistics, it was moved that they be referred to the Committee on Publication.

The motion prevailed.

In view of the fact that a proposition for a memorial to Sir James Y. Simpson had been inaugurated by the physicians of Europe and Canada, and that the coöperation of the American Medical Association was desired, Dr. Storer moved that the Association take the necessary steps in the matter as an evidence of their appreciation of the deceased.

Carried.

The Committee on Ethics reported to refer the case of Dr. Martin, of Massachusetts, mentioned in the record of the first day's meeting, to the local Society. Dr. T. M. Wise, of Kentucky, was appointed Chairman of the Committee on Vaccination, in place of Dr. Martin, removed.

Dr. Atlee, of Philadelphia, offered the following resolution:—

Resolved,—That the American Medical Association acknowledges the right of its members to meet in consultation the graduates and teachers of Women's Medical Colleges, provided the code of ethics of the Association is observed.

Dr. Storer hoped that no action would be taken on the resolution. Inasmuch as the question was discussed fully yesterday, he would protest against the question coming up again. He thought that the sense of the Association was fully ascertained by the votes already taken.

Dr. Johnson, of Missouri, had a few words to say in behalf of the resolution. He hoped it would pass. This was not a question as to the admission of women into the Association; it was merely a resolution to protect the medical science. He would regret to have the women assailed by the Association; any honorable man would agree with him on that proposition. Let the women have their own associations and manage their own affairs—but when it comes to consulting, all barriers should be removed.

A sprightly discussion then ensued, which was engaged in by various members of the Convention; the proceedings assumed an uproarious character, and an incessant din took the place of legitimate debate.

The question recurred upon the original resolution.

Dr. J. M. Brown moved that the subject matter be indefinitely postponed.

Dr. Toner moved to lay the resolution upon the table.

The President called for an expression of opinion by the Association.

Misunderstanding the question before the house, many delegates arose, then became seated, and continued to give evidence of indecision, until the body of the house recalled reminiscences of the fishing excursion by the incessant bobbing in progress.

Finally a delegate called upon the President to state the question.

Dr. Atlee called for a vote upon his original proposition.

Dr. Davis desired to know if the Association would falsify its record of yesterday, and continue to wrangle until it was too late to go over the bay. The question under consideration did not amount to any more than tweedledee and tweedledum at best.

Dr. Cole—I move that we adjourn until 8 o'clock this evening, and make the consideration of this resolution the special order. Carried.

The members of the Association, together with other invited guests, proceeded on an excursion to Oakland.

EVENING SESSION.

THE Association assembled in the evening, pursuant to adjournment, President Stillé in the chair.

The resolution on the female physician question, the special order of the evening, was discussed with great freedom. Finally, after a spicy debate—

Dr. Matherly suggested that the American Medical Association had no authority for meddling in local quarrels, and therefore moved an indefinite postponement of the subject matter.

The motion prevailed.

Dr. Storer submitted the following resolution:—

Resolved, That this Association views with dissatisfaction the course of gentlemen who, in setting at defiance their local and State Societies, have contemplated the establishment of a precedent that, admitted in other matters, would at once destroy the authority of this Association.

Indefinitely postponed, on motion of Dr. Gibbons.

Resolutions of thanks to the officers, the Press, and railroad companies, were passed, after which the meeting adjourned *sine die*.

Medical and Surgical Journal.

BOSTON: THURSDAY, MAY 18, 1871.

REORGANIZATION OF THE MASSACHUSETTS MEDICAL BENEVOLENT SOCIETY.

ON Monday, May 8th, a meeting of the Massachusetts Medical Benevolent Society was held at the house of its President, Dr. George C. Shattuck, for the purpose of reorganization under an act of incorporation recently obtained from the Legislature, whereby the Society is empowered to hold real and personal estate to the amount of fifty thousand dollars.

Organized but a few years since, through the efforts of a few individuals, this Society has already become one of our important charitable institutions. It includes in its list of members physicians from all parts of the State, and has for its object the relief of members of the profession and their families, whether or not they are or ever have been connected with the Society. The Society imposes but a light pecuniary burden upon its members—three dollars entrance fee, and two dollars annual assessment, or twenty-five dollars for life membership; but it has been fortunate in receiving bequests from its own deceased members and from benevolent persons not of the medical profession, so that its fund has been increased to the sum of ten thousand dollars.

The Council of the Society are desirous, as we learn, of making this institution more widely useful by extending its assistance to a larger number of beneficiaries. In order to widen the circle of their charities they desire to add largely to their numbers. Physicians who may wish to second the desires of the Council and increase the usefulness of the Society by becoming members, are invited to send their applications to the Secretary, Dr. Hall Curtis, 2 Spruce Street, Boston.

It is also the wish of the Council to make the benefits of the Society immediately available to as great an extent as is possible; they therefore request that instances of pecuniary distress among the members of the profession or in the families of disabled

or deceased physicians may be at once brought to the notice of the President or Secretary, so that measures may be taken for their relief.

From our own personal knowledge of the Massachusetts Medical Benevolent Society, we are confident of its ability to accomplish a great amount of good among our poor and suffering brethren, and are sure that members of the profession who will contribute to its funds by giving the small sum asked for membership will bless themselves while they extend their bounty to the needy.

PURCHASE OF HONORARY DEGREES. By FRANCIS WILLIAMS, Boston.—In the JOURNAL for April 20th there was an article with the above title, which leads to the publication of the history below. It is a part of the same story, and the correspondence would have been pursued farther but for want of time.

Into the hands of one of the profession came the card of which the following is a copy:—

“**COLLEGIATE AGENCY.**—This agency has been established for the purpose of giving such information as is generally necessary before entering upon a collegiate course of study, or taking any of the learned degrees. Books, medicines, instruments, &c., will also be sent C. O. D., at market rates, upon receipt of orders. Physicians' practices sold on accommodating terms. Through the recommendation of this agency, physicians, lawyers, clergymen and teachers can obtain the honors of all the universities in the United States, such as the degree of A.M., A.B., M.D., S.D.D., D.D., LL.D., &c. For additional particulars address

“A. J. HALE, M.D.,
“214 Jacoby Street, Philadelphia.”

The gentleman who received it wrote to the address indicated, to see at what cost a degree could be obtained from Harvard University. To this letter came the following reply:—

No. 2.

PHILADELPHIA, June 13th, 1870.

Dear Sir,—Yours of the 3d inst. received. You can obtain the honorary degree of M.D. from the University of this city (Alop.) for \$50, sent by express C. O. D. This is a regular made out Latin degree, the same as issued to regular graduates. Your name in full and date you wish will be required.

Very respectfully, A. J. HALE, M.D.

No reply having been sent to this, No. 3 was received.

No. 3.

PHILADELPHIA, Sept. 9th, 1870.

Dear Sir,—Doubtless you replied to my last letter of June 13th, but owing to absence and change of address I have never received it. Hoping to hear from you soon, I remain, very respectfully,

A. J. HALE, M.D.

Please address, without any name,
Lock Box 38, Camden, N. J.

The correspondence terminated with the following letter, No. 4, and the papers passed into the hands of a second member of the profession.

No. 4.

Boston, Sept. 14th.

Dear Sir,—I had not yet answered yours of the 13th, but beg to say that you did not tell me whether I could obtain a degree from some college in this neighborhood. Your card says “obtain the honors of *all* the universities,” and I should hardly be willing to pay \$50.00 for a degree from a college so little known here as the one from which you offer me a degree. Please let me know further about your ability to procure me a degree from such a college as would be of more use to me here; or if this is out of the question, let me know who are the professors of the “Medical University of Philadelphia,” and whether they include any names well known to the profession. Very respectfully,

A. J. HALE, M.D.

The gentleman who wrote this last letter passed these papers into the hands of the writer of this article, who commenced the correspondence with No. 5. The reply to this letter is No. 6.

No. 5.

(Confidential.)

Boston, Oct., 1870.

A. J. HALE, M.D. Dear Sir,—On what terms can you obtain for me the degree of M.D. from Harvard University, or from the University of Pennsylvania? Which will be the least costly? Shall I be *obliged* to attend a course of study at either of them? If this can be avoided I should like it.

I am respectfully yours,

FRANCIS WILLIAMS.

No. 6.

PHILADELPHIA, Oct. 20th, 1870.

Dr. WILLIAMS. Dear Sir,—Yours of 15th inst. received. Am sorry to say that it is out of my power to obtain for you the degree of M.D. from either of the institutions

you mentioned. If some other will suit you (and I *know* there are others that will do you the same good with precisely equal advantages), I may accommodate you. Can obtain one from the "American University" here, provided you send me a certificate signed by the P. M., or any other responsible man of your county, certifying that you are either a practising physician, or a student of medicine, or in some way that the Faculty may know that the degree is conferred upon one that has some knowledge of medicine. The above is the lowest in price (\$50), sent by express C. O. D. If you accept, send the date you would like, with order.

Very respectfully,

Lock Box 38, Camden, N. J.

P. S.—If you can send another order or two, it would lighten yours very much.

FRANCIS WILLIAMS, Boston.

No. 7.

(Confidential.)

Boston, Nov. 2, 1870.

MY DEAR SIR,—Your letter of Oct. 20th, was received by mail in good season, and I have delayed answering again, till you perhaps have given up the expectation. I understood that you had power to get me a degree from *any* University. Is it not so? If you cannot let me have one from either of the two I spoke of, perhaps you can get me one from one of the New York Colleges. Is it necessary for me to furnish the certificate you speak of? for that I cannot send you. Suppose that I could get a number of applications and forward them, would it not answer as well? I am very respectfully Yours,

FRANCIS WILLIAMS.

No. 8.

PHILADELPHIA, Nov. 6, 1870.

Dr. WILLIAMS. Dear Sir,—Yours of 2d inst. received. Certificates are required in all cases to ensure success; but from my connection with the University of this city I think it very probable that you can be accommodated. If you will send me one more order besides yours, and the date you wish them, I will furnish the two at the price I wrote you for each, by express C. O. D. And if you can furnish other orders from your friends, you will be allowed twenty per cent. (\$10.00) on each. Hoping to hear from you soon, I remain

Very respectfully,

Lock Box 38, Camden, N. J.

No allusion, it will be seen, is made to the New York Schools, in No. 7, which, of course, leaves it to be inferred that they also are not to be tampered with. On the 20th of November was sent

No. 9.

(Confidential.)

Boston, Nov. 20, 1870.

MY DEAR SIR,—Your letter of the 6th, I only received a day or two since. I think I can furnish plenty of applicants, but some of them want to know whose names are to go on the diplomas, and if the University with which you are connected is a real thing. If so, I think we might find men who would like to be LL.D.'s also. Please answer soon, and direct as before.

Very respectfully yours,

FRANCIS WILLIAMS.

The alacrity and earnestness of the reply will be seen in

No. 10.

CAMDEN, N. J., Nov. 28, 1870.

Dr. WILLIAMS.—Dear Sir,—Yours of the 20th inst. to hand. Yes, sir, the University with which I am connected is a reality. A regularly chartered Medical Institution, now in successful operation, all right and legal. Please see circular enclosed. You need never hesitate to guarantee the legality of this Institution in every respect. Please let me hear from you immediately, and oblige Yours truly,

Address, Lock Box 38, Camden, N. J.

With this came the printed circular of the American University of Philadelphia, with a long list of trustees and professors. This is enclosed to the editor of the JOURNAL, who can make what use of it he pleases. The correspondence was broken off at this point, but an attempt at renewal was made as follows from the other end of the line.

No. 11.

NEWARK, N. J., Jan. 30, 1871.

Dr. WILLIAMS.—Not having heard from you lately, I concluded to drop you a line or two. I ordered some circulars to be sent you some time ago; did you receive them? If so, what are the prospects for applicants? Hoping to hear from you soon, I remain yours, &c. A. J. H., M.D.

N.B. As I am sojourning up here for a few weeks, please address my Box only—thus—Lock Box 60, Newark, N. J.

In this was enclosed the accompanying card.

CANCERS AND OTHER TUMORS

Removed without the Use of Knife or Caustic.

Information imparted for a Reasonable Sum.

Address

Lock Box, 60.

Newark, N. J.

REMARKABLE PRECOCITY.—Our correspondent, G. W. R., who, in the *JOURNAL* of May 4th, has mistaken Dr. Pinkham's allusion to the nursery talk of an infant for the articulate language of "grown up folk," has called out several criticisms, the pith of which is given in the communication of our friend T. If G. W. R. hasn't attained to the dignity of a position where he can listen to the baby prattle of his own little ones, he can hardly be expected to credit the wonderful effects of chloral in the case related by Dr. Pinkham. Dr. P. himself says, "Yes, I meant to say that the child 'talked;' but, of course, in *baby language*, and presume your correspondent is not a *pater familias*, or he would readily have understood my meaning."

The following note explains itself:—

Messrs. Editors,—In reading your *JOURNAL* of May 4, I was amused by the criticism of your correspondent G. W. R., who surely cannot have devoted much time to the study of pædiology or carefully observed the habits and customs of the baby species. Had he done so, he would have easily learned that babies do "talk" at a very early age, and even "tell little stories"—an indication that they feel well and happy. Moreover, any old nurse or mother could tell him that "erections" are no unusual thing in children, and sometimes precede even "baby-talk."

T.

CASTOR OIL.—A correspondent suggests that this article of the *Pharmacopœia* may easily be made palatable by the employment of glycerine as an excipient; in fact, the dose will be found as "sweet as honey" and devoid of any unpleasant taste:—

R. Glycerine (puriss),
Ol. ricini, aa ʒij.;
Ol. cinnamomi, ℥iv. M.

The ol. cinnam. should be rubbed up with the glycerine, and the ol. ricini then added, and the whole well mixed, by being shaken, when used. In larger doses, lessen the proportion of the glycerine.

MESSRS. EDITORS,—The letter of Dr. J. R. Nichols in your last issue contains just the statement of the danger attendant on the use of leaden water-pipes, which I wish to see incorporated in the circular of the Spot

Pond Water Commissioners, especially this sentence: "So long as this liability" (to disturbance of the protective coating) "exists, however small the risk, they must be regarded as dangerous." In the absence of such a warning, I must continue to regard the circular as certain to do mischief.

He seeks to convey the impression that I have not properly inquired into the question of the effects of zinc salts on the human system, either by personal observation or by consulting respectable authorities. In this respect he mistakes. Without pretending to have made an exhaustive study of the subject, I have yet examined it sufficiently to be entitled to hold and express an opinion upon it, and this opinion (in regard to the views advanced by Dr. Nichols) may be summed up in a quotation from the U. S. Dispensatory, which *immediately* follows the passage on zinc colic, quoted from that work in his letter: "This statement, however, is, to say the least, very questionable."*

F. WINSOR.

NORFOLK DISTRICT MEDICAL SOCIETY.—At the annual meeting held at Hyde Park, Wednesday, May 10th, the following officers were chosen:—

Dr. Christopher C. Holmes, of Milton, *President*; Dr. Edward Jarvis, of Dorchester, *Vice President*; Dr. Charles E. Stedman, of Dorchester, *Secretary*; Dr. Eben P. Burgess, of Dedham, *Treasurer*; Dr. D. S. Fogg, of South Dedham, *Librarian*.

Councillors.—Dr. G. J. Arnold, of Roxbury; Dr. Robert Amory, of Brookline; Dr. B. E. Cotting, of Roxbury; Dr. B. Cushing, of Dorchester; Dr. G. Faulkner, of Jamaica Plain; Dr. W. C. B. Fifield, of Harrison Square; Dr. F. F. Forsaith, of Weymouth; Dr. J. G. S. Hitchcock, of Foxboro'; Dr. C. C. Holmes, of Milton; Dr. E. Jarvis, of Dorchester; Dr. A. LeB. Monroe, of Medway.

Censors.—Dr. J. S. Green, of Dorchester; Dr. J. Seaverns, of Roxbury; Dr. C. C. Tower, of So. Weymouth; Dr. C. E. Stedman, of Dorchester; Dr. J. Stedman, of Jamaica Plain.

Commissioner of Trials.—Dr. S. Salisbury, Brookline.

Committee of Supervision.—Dr. S. E. Stone, of Walpole; Dr. W. S. Everett, Hyde Park.

Dr. Seaverns delivered the annual address on "Recent Advances in Medical Science and their Influence on Therapeutics."

* U. S. Dispensatory, Philadelphia, 1871.

Medical Miscellany.

PULSATIONS OF THE FETAL HEART, AND THE SEX OF THE CHILD.—In an interesting statistical paper, read before the Obstetrical Society of Edinburgh, Dr. J. Cumming states:—"When the pulsation varies from 120 to 140, the probability is that the fœtus will be a male, and when the pulsation varies from 140 to 160, the fœtus will likely be found to be a female. But there are some exceptions to these facts. In three cases in which the pulsation was from 150 to 160, the fœtus proved to be a male; and in fifteen cases in which the pulsation varied from 116 to 138, the fœtuses were found to be females. It therefore appears that there is less frequent variation in the pulsation in the male fœtus than in the female; or rather that there are fewer cases in which the heart's action exceeds 140 in the male, than that it falls below that number in the female.—*Edinburgh Medical Journal*.

ABSTINENCE FROM PURGATIVES IN CASES OF OPERATIVE SURGERY.—Dr. Theodore A. McGraw, of Detroit (*Detroit Review of Medicine and Pharmacy*), reports a favorable case of excision of the elbow-joint, and alludes to one point in the treatment which he would specially insist upon, as well as in all cases of operative surgery, viz.: the abstinence from all purgatives until the fever resulting from the injury has subsided. Mr. Skey first called the attention of the profession to the injurious effects of purgation immediately after the loss of blood, asserting correctly that Nature refused to allow the fluids of the body to pass by the bowels until the vital fluid had recovered its proper volume. The same rule should be observed when great injuries have occurred with but little loss of blood. The shock to the nervous system, and the surgical fever following, alike contraindicate purgative medicine.—*N. Y. Med. Record*.

OUR City Registrar's Report for last week contains the remarkable entry of eight deaths of children under 12 months, in the infant asylum connected with one of the Hospitals in this city, and all reported in one day.

SUGGESTIONS TO CORRESPONDENTS AND READERS.—Articles intended for publication in the JOURNAL must be written plainly and distinctly, on one side of the paper only, properly paged, and with suitable divisions into paragraphs. If so prepared, it is seldom if ever necessary that a proof of the article be sent to the writer. The punctuality required in the issue of a weekly periodical allows little time for proof-alterations or additions. When a proof is sent out, it should be returned to the office promptly, as the press will in no case be kept waiting for it.

Anonymous communications will not be published, unless the name and address of the author are entrusted to the Editor.

Accepted articles will generally be inserted in the order in which they are received; this rule will be waived, however, should the nature of the subject or the interest of the JOURNAL require it.

Rejected articles will be returned, if stamps for the requisite postage be sent.

Letters, requiring answer, addressed to the Editor or

Publishers for the benefit of the writer, must enclose stamp to ensure a reply.

Original articles, reports of societies, items of medical news, and professional communications of all kinds will be gladly received from members of the profession, wherever resident, so far as they pertain to topics of general interest. In the transactions of societies, the discussions which relate to questions of local importance, reports of business details, debates in *extenso*, and personalities of all kind, will, as a rule, be excluded.

The Editor does not hold himself responsible for the views and opinions expressed in articles published; nor will their publication be considered, in any way, as his endorsement of their sentiments.

BOOKS AND PAMPHLETS RECEIVED.—Paralysis, and other Affections of the Nerves: Their Cure by Vibratory and Special Movements. By George H. Taylor, M.D., author of "Exposition of the Swedish Movement Cure," &c. New York: S. K. Wells, Publisher. Pp. 149.—Constitution, By-Laws and Code of Ethics of the Columbian Pharmaceutical Association, Washington, D. C. Organized and adopted April, 1871. Pp. 12.—Seventeenth Annual Report of the New York Infirmary for Women and Children, 128 Second Avenue. For the year 1870. Pp. 16.—Woman's Medical College of the New York Infirmary, 128 Second Avenue. Annual Catalogue and Announcement. Pp. 8.—Catalogue of the Past and Present Officers and Members of the Boylston Medical Society of Harvard University. March, 1871. Pp. 36.—Sudden Death of an Applicant for Life Insurance. By S. M. Bemis, M.D., Professor of Theory and Practice of Medicine in the University of Louisiana. Pp. 8.

MARRIED.—In this city, 11th inst., Dr. James Read Chadwick to Katherine Maria, daughter of Dr. George H. Lyman.

Deaths in sixteen Cities and Towns of Massachusetts for the week ending May 13, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	112	Consumption 47
Charlestown	7	Pneumonia 34
Worcester	14	Scarlet fever 11
Lowell	17	
Milford	6	
Chelsea	9	
Cambridge	18	
Salem	10	
Lawrence	9	
Springfield	2	
Lynn	9	
Fitchburg	3	
Newburyport	0	
Somerville	3	
Fall River	3	
Haverhill	2	

224

Lowell reports five deaths from smallpox.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, May 13th, 112. Males, 60; females, 52. Accident, 2—abscess, 1—apoplexy, 1—disease of the bowels, 1—bronchitis, 1—congestion of the brain, 3—disease of the brain, 1—cancer, 3—cholera infantum, 1—cholera morbus, 1—consumption, 26—convulsions, 4—croup, 1—debility, 2—diarrhea, 1—dropsy, 2—dropsy of the brain, 4—epilepsy, 2—erysipelas, 3—scarlet fever, 4—typhoid fever, 1—gangrene of legs, 1—disease of the heart, 3—hæmorrhage (cerebral), 1—infantile, 7—intemperance, 1—disease of the kidneys, 4—disease of the liver, 2—congestion of the lungs, 3—inflammation of the lungs, 10—marasmus, 4—old age, 2—paralysis, 1—premature birth, 3—rheumatism, 1—inflammation of the throat, 1—unknown, 3.

Under 5 years of age, 41—between 5 and 20 years, 8—between 20 and 40 years, 22—between 40 and 60 years, 17—above 60 years, 24. Born in the United States, 71—Ireland, 28—other places, 13.

GRIMAULT & CO.'S PHARMACEUTICAL PRODUCTS,

Prepared with the most scrupulous care, under the immediate supervision of Prof. Leconte, M. D. Pharmacist of the First Class, Ex-Preparator of the course of Physiology, at the College of France.

E. FOUGERA, New York, General Agent for the U. S.

GRIMAULT'S MEDICINAL PEPSINE.

IN POWDER.

The therapeutical value of this Pepsine in all disorders of the stomach, resulting from the inability of this organ to digest and assimilate food cannot be over estimated. It is used daily with great success in *Dyspepsia, Slow and Difficult Digestion, Gastralgia, Debility of the Stomach*, from old age or from abuse of liquors, and in *Vomiting during Pregnancy*.

Physicians will please notice that GRIMAULT'S PEPSINE may always be relied upon. Its digestive power, being physiologically tested by Mr. Leconte, late assistant to Claude Bernard, is always the same.

DR. LERAS' PHOSPHATE OF IRON,

In Solution, Syrup or Sugar Coated Pills.

A pleasant combination of Pyrophosphate of Iron and Soda, colorless and tasteless. It is readily assimilated and used with great success in *Chlorosis, Anemia, Dysmenorrhea, etc.*, replacing all other ferruginous preparations. It never causes constipation.

SYRUP OF HYPOPHOSPHITE OF LIME,

DR. CHURCHILL'S PRESCRIPTION.

Prescribed by the most distinguished physicians for *affections of the lungs, Phthisis, etc.* Each tablespoonful contains two grains of the pure hypophosphite.

Also Syrup of Hypophosphite of Soda, of Iron, and of Manganese.

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A pleasant substitute for Cod Liver Oil, prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodine, so intimately combined as to be insensible to the action of starch.

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Prepared from the Resin of Cannabis Indica.

Asthma, Bronchitis, Loss of Voice, and other affections of the respiratory organs, are promptly cured or relieved by the use of these cigarettes.

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Prepared from the *Paulinia Sorbilis* of Brazil. It is a sovereign remedy in *Headache, Neuralgia, and Diarrhea*.

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A new preparation of the leaves of Matico, of more certain effect than most of the medicines recommended for the same class of diseases. The capsules contain the essential oil of Matico, combined with the balsam of Copaiba, and do not cause any unpleasant eructations. The injection is prepared with distilled water saturated with Matico.

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This new combination unites, in a small volume and an agreeable form, two elements which have never before been blended—Red Peruvian Bark, the best of tonics, and Iron, which forms the base of the blood. It is especially suitable for lymphatic or delicate persons, and in all cases for which Bark and Iron are usually prescribed.

Digestive Lozenges and Powders of the Alkaline Lactates.

(SODA AND MAGNESIA.)

Of BURIN Du BUISSON.

The researches of Dr. PETREQUIN, Prof. at the School of Medicine of Lyons, aided by Mr. BURIN Du BUISSON, the eminent chemist, have established beyond a doubt the *special Adaptation of the Alkaline Lactates* to the treatment of functional diseases of the digestive organs. These preparations will be found very beneficial in *imperfect and laborious digestion, heartburn, gastralgia, loss of appetite, nausea, distention of bowels and stomach*. They are more certain and less irritating than Calcined Magnesia, or preparations having Charcoal, Bismuth, or bicarb. of Soda for their basis.

DIGESTIVE LOZENGES AND POWDERS OF THE ALKALINE LACTATES WITH PEPSINE.

These are prescribed in certain cases when the digestive powers are deranged, weakened, or null.

Ferro-Manganic Preparations of Burin Du Buisson.

The superiority of combinations of the Salts of Iron and Manganese over those of Iron have been fully established by the experiments of Dr. Petrequin. The following *Ferromanganic Preparations*, approved by the Imperial Academy of Medicine of Paris, have been originated by Mr. Burin Du Buisson in accordance with these experiments, and are confidently recommended to the medical profession as replacing advantageously all medicines having iron as their base, especially in *chloranemia, chlorosis, and all affections caused by the poverty of the blood*:

Ferromanganic Powder, for effervescing water.

Carbonate of Iron and Manganese Pills.

Syrup of the lactate of iron and manganese.

Dragees of the lactate of Iron and manganese.

Syrup of the Proto-Iodide of Iron and Manganese.

Pills & Dragees of the Proto-Iodide of Iron & Manganese.

Manganic Iron reduced by hydrogen.

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APPARATUSES FOR

Atomization of Liquids for Inhalation, Local Anæsthesia, &c.

By the Atomizer any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air cells, thus opening a new era in the treatment of all diseases of the Throat and Lungs.

The Complete Steam Atomizer for Inhalation, &c.

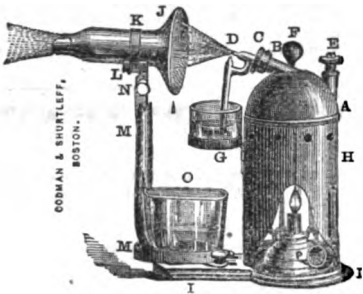


Fig. 15. The Complete Steam Atomizer. Pat. Mar. 24, 1886.

The waste-cup, medicament-cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.

It cannot be injured by exhaustion of water, or any attainable pressure of steam.

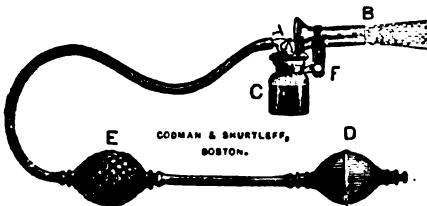
It does not throw spirits of hot water, to frighten or scald the patient.

Is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will tender the best of service for many years, and is cheap in the best sense of the word.

Price, \$5. Neatly made, strong, Black Walnut Box, with convenient handle, additional \$2.50.

Fig. 5. Shurtleff's Atomizing Apparatus.



Pat. March 24, 1886.

For Inhalation, and with suitable tubes, for Local Anæsthesia, and for making direct local applications of atomized liquids for a great variety of purposes. [See our Pamphlet.]

The most desirable Hand Apparatus.

Rubber warranted of very best quality. Valves of hard rubber, every one carefully fitted to its seat, and work perfectly in all positions.

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Each of the above Apparatuses is supplied with two carefully made annealed glass Atomizing Tubes, and accompanied with directions for use. Every Steam Atomizer is tested with steam, at very high pressure. Each Apparatus is carefully packed for transportation, and warranted perfect. Also,

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THE TREMONT ATOMIZER, with two glass atomizing tubes, 2.50

NICKEL PLATED TUBES, for Local Anæsthesia and for Inhalation, each 2.00

RHIGOLENE, for Local Anæsthesia, best quality, packed, 1.00

NASAL DOUCHER, for Treating Diseases of the Nasal Cavity, eight different varieties, each with two Nosels, packed, \$1.20, 1.50, 1.75, 2.00, 2.50 and 3.50

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For complete illustrated price-list of Apparatus, Tubes, &c., see pamphlet.

Will be sent by mail (post-paid) on application,

A PAMPHLET

containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," with formulae of those successfully employed. Also an article by Dr. J. L. W. Taudicaux, M.R.C.P., on "A New Mode of treating Diseases of the Nasal Cavity," with his formulae. Also an illustrated description of the best apparatus for the above purposes, and for producing LOCAL ANÆSTHESIA by Atomization with Ether, by the method of Dr. RICHARDSON, of London; or with Rhigolene, as described by Dr. HENRY J. BIGSLOW, in the Boston Medical and Surgical Journal of April 19, 1866.

All our Atomizing Apparatus is made with the utmost care, with a view to its complete efficiency, convenience and durability, and every one is warranted. A Gold Medal has lately been awarded us by the Middlesex Mechanics' Association for Atomizing and Surgical Instruments, as will be seen from the following report, signed by a leading New-England Surgeon and Physician:

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(Signed) GILMAN KIMBALL, M.D., Chairman."

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Instruments made to order, Sharpened, Polished and Repaired.

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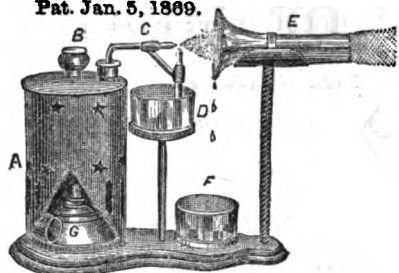
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We have entirely remodelled our former apparatus, making several important improvements, and we now offer it to the profession as the cheapest, most durable and efficient apparatus in use. Every part is constructed with the utmost care from the best materials, and is tested by us personally. Leach's Improved Atomizing Tubes, for which a patent has been granted, possesses decided advantages over any in use. This improvement secures the glass tubes from movement in the flexible metal connections, which allow adjustment of the points, and render them less likely to break.

Price of Improved Steam Atomizer, complete, \$4.

The Spray Producer, or Instrument for Local Anæsthesia.

A modification of Richardson's original instrument, applicable for Freezing, with Ether or Rhigolene, or for Inhalation in diseases of the Throat or Lungs.

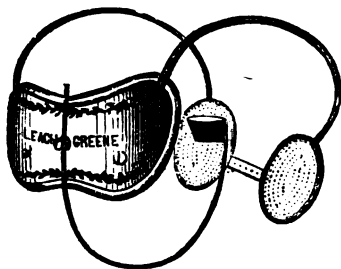
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This Extract is a *pure Extract of Beef*, unsurpassed in quality, free from fat and gelatine, each pound of which contains the soluble nutritive constituents of 84 to 86 pounds of the finest beef, exclusive of bones and fat, corresponding to about 45 pounds of good butchers' meat. As a medicinal agent it will be found of great value to the Sick, Invalid, and persons and children of Weak Constitutions, but its most extensive use is for domestic purposes.

It will keep unaltered for years in any climate, and will recommend itself at once for its purity, its permanency and cheapness.

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It is used with great success for *Dyspepsia, Gastralgia, Slow and Difficult Digestion*, following fevers, and also for *Consumption* and other *Chronic Diseases*. *Debility of the Stomach* from old age or abuse of liquors is relieved by it, and it is invaluable as a corrective of *Vomiting during Pregnancy*.

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A substitute for sea and mineral baths. *Tonic, Stimulating and Resolvent*. Used by over one hundred physicians in the hospitals of Paris, in Skin Diseases, Nervous Affections, Anæmia, Chlorosis, Gout, Rheumatism, Sciatica; also, Colics, Cholera Morbus and Gastric Affections.

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Copaiba pure—Cop. and Cubebs—Copaiba and Iron—Copaiba and Matioc.

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Last spring he sent a special agent to Paris to investigate fully the whole subject of animal-vaccination as practised there, and to procure such supplies of virus, in various forms and from many different animals, as might enable him to inaugurate the method here. This agent returned two months since, and the objects sought in sending him have been fully attained. Over twenty heifers have already been successfully vaccinated, others are vaccinated every few days from the two non-humanized "stocks" mentioned below, and this "service" will be continued indefinitely if, as is not doubted, the support of the profession justifies the great and continual labor and expense.

All virus issued by me is collected by myself from vaccinations of heifers and infants, made by my own hand, and is fully warranted in every respect. In any case of failure of a first supply, a second will be sent on notification within thirty days.

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COWPOX VIRUS, derived by transmission from heifer to heifer, from the famous case of cowpox discovered at Beaugency, in France, in 1866. **COWPOX VIRUS** from inoculation of an heifer in 1868, from an original case of horse-pox at Alfort in France, and since then from heifer to heifer. Crusts, \$5; Capillary Tubes of fluid lymph, \$3; Packages of ten ivory points, charged on both sides, \$2 each.

VACCINE VIRUS, of one perfectly healthy human remove from either of the above. **VACCINE VIRUS** from vaccination of healthy selected infants with the "stock" of the National Vaccine Institution of London, derived in long succession, for seventy years, from lymph collected by Jenner himself; the oldest and best long humanized virus in existence. Crusts, \$3; Tubes, \$2; Packages of points, \$1.50 each.

The Tubes and Points are recommended as the best forms of the cowpox; of the humanized "stock" all forms are equally reliable.

I shall be most happy to answer all inquiries touching the subject of Vaccination, and on any week day, from 3 to 4 P.M., to receive the visits of physicians, and exhibit to them heifers in different stages of the disease; but no orders for virus will be noticed without a remittance. The original cowpox lymph will not be supplied to or through agents or dealers.

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Dr. D. H. Storer,	Dr. H. I. Bowditch,
Dr. C. E. Buckingham,	Dr. B. M. Hodges.

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Every limb is made first class, of the best material, and fully warranted.

They are recommended by the leading surgeons.

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☐ No connection whatever with inferior government legs.
Jan. 6—tf.

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292 Washington Street.

Boston, March 1, 1869.

JOSEPH T. BROWN & CO., Druggists and Pharmacists, 292 Washington, corner Bedford Street, Boston, Manufacturers of Standard Pharmaceutical Preparations, and Dealers in the Finest Drugs, Medicinal and Fine Chemicals, Select Powders, Pure Essential Oils, Genuine Medicines, Mineral Waters, New Remedies, &c. &c.

We also offer a full and carefully selected assortment of that class of Fancy Goods and Toilet Requisites usually found in a first-class Drug Store.

To the very responsible duty of compounding and dispensing Physicians' Prescriptions, close personal attention will be given, and the utmost care will be taken to insure the purity and official character of all medicines used in dispensing.

By manufacturing ourselves, by careful selection from the market, and by direct importation, we shall be able, at all times, to supply our customers with the highest grades of every article in our line.

Boston, March 1, 1869.

Mch. 11—tf.

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N17—1y

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Dr. Edward Jarvis, Dorchester, Mass.
Dr. H. M. Knight, Lakeville, Conn.
Mr. H. K. Frothingham, Mass. Bank, Boston.
Mr. P. A. Ames, 70 State Street, Boston.

88—1y.

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May 18—tf.

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Jan. 19—tf.

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No. 9 Hamilton Place, Boston, Feb. 1, 1869. F4—tf

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Special attention given to the Treatment of Diseases of the Spine
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CALVIN ELLIS, *Dean of the Faculty.*

May 18—2t.

BOSTON MEDICAL ASSOCIATION.—The Annual meeting of the Association will be held at the Rooms of the Medical Society, Temple Place, on Monday, May 22, at 3½ o'clock, P.M.
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Satisfactory references will be required, and given in return, and the utmost privacy and seclusion maintained, if desired by the patient.

References:

Wm. Read, M.D. (late City Physician), 24 Dartmouth St. Boston.
David Thayer, M.D., No. 58 Beach Street, Boston.
John Skinner, M.D., No. 821 Washington Street, Boston.
Mch. 30—

PHYSICIAN'S DAILY ACCOUNT BOOK.—Published and for sale at the Medical Journal Office. This Account Book has been in use for many years, and has been found convenient and economical to the practicing physician. It is constructed upon the plan which some of the leading physicians of Boston consider best adapted to the limited time which the medical practitioner has to bestow upon the proper keeping and making out of his accounts. A cash book and ledger accompany the daily account; but as some prefer a different arrangement in making their charges, the following kinds of the books are furnished, with the prices annexed:

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May 26

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

FRANCIS H. BROWN, M.D., EDITOR.
H. H. A. BEACH, M.D., ASSISTANT EDITOR.

Whole No. 2280.
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THURSDAY, MAY 25, 1871.

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HARVARD UNIVERSITY.

MEDICAL DEPARTMENT — BOSTON, MASS., 1871-72.

CHANGES IN THE PLAN OF STUDY AND THE REQUISITES FOR A DEGREE.

THE REGULAR COURSE OF STUDY for persons who begin their medical education at this School, will occupy three full years. The year will begin on the Thursday following the last Wednesday in September, and end on the last Wednesday in June, and will be divided into two equal terms. The instruction will be given by Lectures, Recitations and Practical Exercises, throughout the year. The general subjects of the Regular Course of study are:—

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For the third year — Pathological Anatomy, Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

No student will receive his degree until he has passed a satisfactory examination in all the above-mentioned subjects. Examinations in all these subjects will be held at the beginning, middle and end of each year.

Students who take the regular course of the School will be divided into three classes according to their time of study and proficiency. Students may be admitted to advanced standing in the regular course; but all persons who apply for admission into the second or third year's class must pass an examination in the branches already pursued by the class to which they seek admission. Students who fail in any subject at one examination may be examined again at the next examination. The regular examinations will be held in the following order:—

At the end of the first year—Anatomy, Physiology and Chemistry.

“ “ “ second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

“ “ “ third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

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[] The plan will go into operation on Sept. 28th, 1871, but the changes above described will not affect students who have already entered the School, unless by their choice.

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Apr. 20—

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There is perhaps no prescription so generally used and with such gratifying results, as the above combination. Owing to the intensely bitter taste of the solution or the syrup, patients very generally object to them, and many sensitive stomachs reject their administration. Physicians hesitate to prescribe in pill form from the want of prompt action—the frequent passing away from the system undissolved, and the occasional cumulative action of the Strychnia, when the pills are long retained. This Elixir has been extensively used with very gratifying results, and does not seem open to any of the above objections. Using pure Alkaloids of Quinine and Strychnia the excess of acid is not required, the bitter taste is not developed, and the Elixir is readily taken by children as well as adults.

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Promptly tonic, without being irritating or stimulant, combining the effects of Phosphorus and Iron with the codial and tonic influences of the Chichona Elixir. The freedom from all unpleasant taste, and the ease with which this preparation is borne by even the most sensitive stomachs, together with its ready assimilation with the food, and consequent rapid absorption, render this preparation specially valuable. It is used with benefit in all instances where a nerve tonic is indicated.

Each teaspoonful represents the activity of five grains of Calisaya Bark, together with two grains of the Soda-Pyrophosphate of Iron. This Salt of Iron is not precipitated in the stomach by the agency of food or gastric juice, and will be found an efficient chalybeate when ordinary iron preparations produce constipation, headache, etc.

The dose for an adult is a teaspoonful three times a day, immediately before or after meals. For children, to be graduated according to age.

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This combination consists of Pepsin (prepared from the stomach of the Pig), with the soluble Citrate of Bismuth, and one-sixtieth of a grain Strychnia to each fluid drachm. It has been employed with very great success in Dyspepsia, Gastralgia, General Debility of the System, and in all the numerous disorders dependent on want of tone and vigor of the stomach and digestive organs.

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By careful and intelligent manipulation, the salts are all held in complete solution, hence their efficiency in a small dose. This preparation is pleasant to the eye, agreeable to the taste, and grateful to the stomach, and does not nauseate by protracted use.

Each fluid drachm contains one grain freshly precipitated Phosphate of Iron, two grains Phosphate of Lime, one grain Phosphate of Soda, one-half grain Phosphate of Potassa, with slight excess Phosphoric Acid.

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[Continued on next page.]

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The Elixir contains ten grains Bromide Potassium in each teaspoonful, and is an agreeable and elegant form of administering this highly prized alterative and nerve sedative. The objectionable saline taste is completely masked in this Elixir, and the Bromide will be found less apt to produce nausea and derangement of the digestive organs.

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This Elixir contains one grain of Soluble Citrate of Bismuth in each teaspoonful of the Ferrated Elixir of Clochona. The addition of the Soluble Salt of Bismuth gives increased value, in cases of debility, dependent on enfeebled digestion, or associated with gastritis.

Elixir Calisaya Bark, Iron and Strychnia.

Each teaspoonful contains one-fiftieth of a grain of Strychnia; this enhances the tonic power, and will be found a valuable adjunct to the other constituents, when a powerful nerve tonic is desired.

Each fluid drachm contains Calisaya Bark, two grains Iron, one-fiftieth grain Strychnia.

Wine of Wild Cherry Bark.

This is a pleasant and concentrated preparation of Wild Cherry Bark, and will prove an elegant form of administering this valued tonic and sedative. Each fluid drachm represents twenty grains of the bark, collected at the proper season.

Adult dose, one teaspoonful.

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Wine of Pepsin.

From the Stomach of the Pig.

This is the most effective and agreeable form of administering Gastric Juice as an aid to enfeebled digestion. We add, in the preparation of our Wine of Pepsin, a small quantity of Lactic Acid, supplying the want of the necessary acid, and increasing greatly the efficiency of the remedy.

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Respectfully, CHAS. H. S. DAVIS, M.D.

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Mch. 16—1y.

MEDICAL JOURNAL ADVERTISING SHEET.

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NEW SERIES.]

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Original Communications.

OBSTETRICS IN VIENNA.

By FRANK WELLS, M.D., Cleveland, O., Master of Obstetrics of the University of Vienna.

I WAS requested, during the winter of 1868, to write some account of the lying-in wards of the Vienna General Hospital, but have been unable, until now, to finish what was at that time commenced. If any changes have been made during this interval, I ask the readers of the JOURNAL to remember that my description refers to these wards as they then were, and as such I beg to present it.

The objects to be accomplished by the whole system of Lying-in and Foundling Hospitals (for the latter are intimately associated with the former) are numerous. The chief among them, as set forth in the hospital reports, are, on the one hand, the care of pregnant women, who would otherwise suffer from want and neglect; and on the other hand, the protection of their offspring against abuse, and even murder. The necessity for a provision of this kind can be better appreciated, if we but consider the social status in Austria. Statistics show that there is an average of eleven females to every male inhabitant; and if we reflect that of these males the majority are soldiers, who, during their period of service, are not allowed to marry, it can easily be conceived that the illegitimate births must be very numerous; particularly as there exists almost everywhere in the Empire a very loose state of morals. Indeed, in Vienna, the number of illegitimate children, born yearly, is computed to be as high as 50 per cent., and by some authorities even higher than this. Of the six or seven thousand patients, delivered annually in the General Hospital, not more than two hundred at most are married, the remaining being the mothers of illegitimate offspring.

The General department of Midwifery, connected with the Vienna Hospital, con-

sists of three divisions, viz., the wards, connected with the hospital proper; a separate division for the accommodation of those who can afford to pay a larger sum for their board and treatment; and, finally, the Foundling Hospital. The last two are situated outside the General Hospital precincts. Each division has its separate corps of physicians and assistants, though they all come under the same general government.

The division, however, in which we are particularly interested, is that one which forms a part of the hospital proper, and to this I shall confine my description.

This division occupies the four sides of a large court-yard situated in one of the remote corners of the hospital grounds, and is entirely separated from the surgical wards by the intervention of two large courts, and from the autopsy room by the intervention of five, the latter room being in fact in a separate building. It is further subdivided into two divisions, called respectively the first and second clinics. The former, or that in which the students practise, is under the charge of Prof. Carl Braun; the latter, in which midwives receive their instruction, is under that of Prof. Spaeth. Each clinic has a separate corps of officers, consisting of a professor, two assistants, eight midwives, one male and several female ward tenders.

The first clinic is divided into five wards, as follows:—

I. That into which pregnant women are received on admission to the hospital, consisting of four rooms, and containing—

1st	71 beds	22 windows
2d	9 "	2 "
3d	10 "	2 "
4th	9 "	2 "

Of these rooms, the first is in the second story, and the others on the ground floor.

II. A ward into which the patients are brought as soon as labor pains have commenced, and where they are delivered, consisting of two rooms in the first story—one containing eighteen beds, and the other four.

III. A ward designed for the reception

[WHOLE No. 2260]

of the patients after delivery, consisting of five rooms in the first story, and containing—

1st.	26 beds	12 windows
2d.	30 "	12 "
3d.	30 "	12 "
4th.	26 "	26 "
5th.	20 "	8 "

IV. A ward for patients who suffer from any of the diseases of child-bed, consisting of three rooms in a half story, and containing—

1st.	8 beds	3 windows
2d.	7 "	3 "
3d.	8 "	4 "

V. A gynæcological ward, which consists of but one room in the first story, and contains sixteen beds and seven windows.*

All of the rooms are constantly in use, but are not kept quite as full now as formerly, when the admission was free, and it was not incumbent on the patient to disclose her real name.

These rooms are mostly sixteen feet high, though a few of the smaller ones measure but twelve, and all give on an average 1400 cubic feet of air to each patient.

The windows are placed seventy-two inches above the floor, and measure 76×54 inches.

The bedsteads, which stand thirty-four inches apart, are all made of wood, and rest on short legs, ten inches high. The patients, however, lie thirty-four inches from the floor, the difference being made up by two thick mattresses of straw. Feathers and hair, owing to the expense, are not used, excepting in one pillow, which is stuffed with the latter material. The straw, which, as a rule, is changed but once a year (though oftener if by accident it becomes injured in any way), is kept dry in the mattresses by means of a large sheet of India-rubber cloth sewed on to the ticking. The sheets, of course, are changed after every delivery, although the blankets are not, as great care is taken by the midwives to keep them clean, since the washing of them, in case they become soiled, is deducted from their wages. The mattresses and pillows are taken outdoors to be aired after every delivery, where there is the slightest approach to fever in the patient. This rule is most rigidly enforced. The bedsteads themselves are taken apart every year, and thoroughly rubbed with corrosive sublimate, and then soaked in boiling water. After this they are placed in the sun, and al-

* As the wards of the second clinic are arranged on a similar plan, it will be needless to give a detailed description of them.

lowed to remain there until thoroughly dry. Every morning the floors of the wards, and particularly those of the room in which the patients are delivered, are washed; and twice a week a general cleaning and airing take place, which are thorough in all details. Once a year, the walls of the wards are freshly whitewashed.

Prof. Braun allows no sponge to be used anywhere in his wards, as he regards their use as dangerous, from their tendency to retain the secretions. Lint and compresses are employed in their stead, and are immediately thrown away after being used. This precaution however is not observed in the second clinic, where the health of the patient seems to be as good as in the first.

The patients, as might naturally be expected, come from the lower orders of society—such as the servant class, and those who gain their livelihood by hand labor. A large number of peasants are met with in the wards, some coming from distant parts of the Empire, to be delivered and cared for. Formerly, patients were admitted free, and under a fictitious name, if they chose to conceal their real name and history. Now, however, they are obliged to bring from the authorities of the communities in which they reside, a certificate of birth, name, age and occupation. They are also obliged to pay a small fee on admission, which, in case of utter destitution, is guaranteed by their respective parishes.

A patient may apply for admission on any day of the week, and is received, on certain conditions, either into one clinic or the other, according to the day on which application is made, certain specified days being "reception days" in each clinic. At 5, P.M., patients desiring admission present themselves at the proper lying-in room for examination. They are then examined, both externally and per vaginam, by the assistant who is on duty, and, if within two months of the full term, are admitted, and their names registered in a journal. A printed certificate, which is filled up with their names, age, religion and occupation, is then given to them, together with a number corresponding to one in the journal. This certificate they retain during their entire stay in the hospital. If the case presents any peculiarities, such as placenta prævia, flooding, &c., the patient is at once admitted, without regard to the stage of pregnancy.

On being admitted, the patients are conducted to the ward assigned to them before delivery, where they remain, employed in the various duties of the house-

hold—such as building fires, sweeping, washing, &c., until labor commences. They are then sent into the lying-in room, and their names, numbers, and all the particulars set forth in the certificate given to them on admission, entered upon the journal of births. They then undress themselves, deposit their clothes, together with those of the child, in a curtained cupboard, which stands by the side of each bed, and then lie down.

They are next examined by one of the midwives, in order to ascertain how far labor has progressed, and if not too far, and the patient desires it, she is allowed to get up and walk about the room.

(All examinations are made in this school with the patient lying upon her back, which seems to be the most convenient position for this purpose.)

As soon as the head has passed the promontory of the sacrum, the woman is placed upon her left side, with the right thigh flexed upon the abdomen, and the right leg resting upon the sole of the foot. The accoucheur then stations himself opposite the patient's back, and passes his left hand over her abdomen, and between the thighs, grasping with it the head of the child as it advances, while his right hand supports the perinæum. Every patient, and particularly every primipara, is delivered with the perinæum and vulva exposed. Not alone in the hospital, but in private practice, is it considered of the utmost importance that the accoucheur should see the parts during the birth of the child. For, it is the custom, as soon as it becomes obvious that the perinæum must rupture, to make short lateral incisions into the labia, thus taking the strain off the perinæum. This precaution, of course, can only be taken when the accoucheur has a full view of the different parts. Stress, too, is laid upon the importance of forcibly keeping the child's head back during the severe pains, allowing it to come forward only during the lesser ones. This, also, is accomplished much better, when the hands are not hampered by the bed-clothes.

It would seem such a self-evident fact that the perinæum should be supported during the birth of the child, that a reference to this subject might be considered altogether needless. In view, however, of the mistaken opinions, in regard to this precaution, which are from time to time advanced, I cannot refrain from mentioning how strictly this rule is enforced in Vienna, it being one of the fundamental principles of a successful delivery.

After the birth of the child, the cord

(when it has ceased pulsating) is tied in two places with lawyer's tape—six and seven inches from the child's abdomen, and then cut between the two knots. As the sooner the uterus is freed from its contents and commences to contract, the better it is for the patient, so immediately after the cord has been cut, firm deep pressure is made with the hand over the seat of the placenta, in order to expel it forcibly. If the first attempt is unsuccessful, after waiting a few minutes another trial is made. If, however, after three or four attempts, the placenta is still retained, no further trial to remove it is made for some two hours. At the end of this time, if the patient feels at all worried or uncomfortable, the hand is introduced into the cavity of the uterus, and its contents detached from the walls.

After the cord has been bandaged, and the child washed and dressed, it is laid back into the bed with the mother, and immediately allowed to go to the breast, which, in the opinion of this school, greatly diminishes the chances of a milk abscess.

Whatever may be the cause, there are certainly but few cases of this painful affection to be met with in the wards. In fact, out of the 7860 patients, delivered in 1867, 14 only suffered from abscess of the breast.

A few hours after delivery, the patients are carried, together with their children, into the next division of the clinic, where they remain until they leave the hospital, unless some sickness supervenes, when they are removed to the wards set apart for this purpose.

The child always lies in the bed with its mother, except in the case of twins, or when the mother is extremely weak, when it occupies a small crib, standing by the side of the bed. This arrangement, however, is not one of choice, but of economy, since it is really considered preferable that the child should occupy a separate bed, in order to escape any danger of being smothered by the mother rolling upon it. This is an accident, however, that seldom happens.

The women receive no baths either on entering or during their stay in the hospital, although all discharges are carefully washed off, as often as it becomes necessary.

Their diet, up to the time of delivery, is not restricted, but afterwards the quantity and quality of it is regulated as follows:—

Until the fourth day after delivery, some simple broth or soup.

4th day.—Milk gruel ($\frac{1}{4}$ portion*), and a German roll (semel).

* A portion is so many English ounces.

5th and 6th days.—Some farinaceous compound ($\frac{1}{4}$ portion), and two rolls.

7th day.—Minced meat of some kind ($\frac{1}{4}$ portion), and three rolls.

8th day.—Same as on the fifth day ($\frac{1}{4}$ portion), and three rolls.

9th day.—Beef for the first time.

On the ninth day, the patients are discharged, when, if they desire, they can apply for admission to the Foundling Hospital. Into this institution the children in any case are received, as are also the mothers, provided only that they have milk enough to nurse two children—their own and one other. Here the mothers remain for some time, performing the duties of nurse to any child who may need such care. The children, however, remain but a comparatively short time, and are then sent into the country to such responsible persons as are willing to take them. In this case, the address of the child is given to the mother, that of the mother being likewise given to the person receiving the child. As a further precaution, when the child is first admitted into the Foundling Hospital, a number is sewed upon its wrist, and a corresponding one given to the mother, which serves as an additional clue to establish an identity, in case it should ever become necessary. In its new home, the child remains, supported by the State, for six years, unless previously reclaimed by the parents, who, as a rule, are too poor to burden themselves with this unnecessary expense. At the expiration of this period, the child passes out of the hands of the government into those of the parents or of whomsoever chooses to adopt it. Of course, even under these regulations, the mortality among these poor little victims must necessarily be very large, though immeasurably less than where no provision at all is made for their welfare. Some idea of what this mortality is in the Foundling Hospital alone may be gained by a reference to the following table:—

PERCENTAGE OF DEATHS.

Years.	Of children admitted.	Of children taken sick.
1866	10.64	45.09
1865	9.53	47.89
1864	9.21	45.17
1863	9.82	54.50
1862	10.83	55.42
1861	10.62	53.48
1860	8.40	44.20
1859	10.35	49.92
1858	10.27	57.25
1857	24.03	77.66
1856	15.15	63.46

The students who frequent the obstetrical wards come from all parts of the civilized world, and congregate here in great numbers to reap the advantages which are offered for acquiring a practical knowledge of midwifery. The majority of them, of course, are Germans, who are seeking to fulfil the various conditions which are necessary for obtaining a degree in this department. A medical student receives three separate degrees, corresponding to the departments of general medicine, surgery and obstetrics, and can practise in any one of them, after having received its degree, without having graduated in the others, being allowed to practise, however, only in that department of which he holds the diploma.

In the department of midwifery the instruction is both theoretical and practical, though the practical course largely overshadows the theoretical. It consists of demonstrations and actual practice in the wards, and to these methods of instruction I feel compelled to confine my description. Every day at two o'clock, through the term, Prof. Braun delivers a lecture in the amphitheatre, adjoining the lying-in rooms of the first clinic. At these lectures he brings before the class for demonstration any case which he deems to be in any way instructive, and performs all operations, whether of delivery or gynecology, which can safely be deferred until this time. The lecture is theoretical only when there is lack of material for demonstration. Besides these lectures there are two courses of operative midwifery, given by the Professor's assistants, for which an extra fee is charged, and upon one of which attendance is necessary in order to receive a degree. These courses continue six weeks, and consist of instruction in all the manual extractions and instrumental deliveries, practice in passing the catheter and sound, reposition of the cord, &c. All of these are demonstrated by means of a cadaver of woman and child, the students in turn performing the operations after the assistant.

The greatest advantage, however, that a student in this school enjoys, is the actual practice in the wards, for which every facility is afforded him. At the examination of patients for admission, which I have before described, any student of midwifery can himself make an examination externally, or per vaginam, provided that the woman has been admitted—that is, if she is past the seventh month of pregnancy—excepting in cases where such examination would be detrimental to her. The actual practice in delivery is regulated as follows.

Every Monday morning a book is brought into the lying-in room, in which those students who wish to practise during the week enter their names on as many days as they desire duty. From these names Prof. Braun selects twelve for practice each day, which are posted in a conspicuous place in the lying-in room. These students, thus selected for service, are obliged to leave their tickets to the course in this room before 2, P.M. of the day on which they are selected to practise. If by the time the assistant makes his afternoon visit (which takes place at four or five o'clock), any ticket is wanting (since attendance is not compulsory), the name of its owner is stricken from the list for that day, and any one who desires it can have his name inserted in its place. The term of twenty-four hours' duty commences at 2, P.M. After this hour a praktikanter (as he is called) can inscribe his name on any one of the small blackboards which hang over the head of the bed, if he desires the case to deliver. The etiquette of the ward, however, prevents his name standing first on two boards at the same time. Having thus written his name, the case belongs to him to deliver, no matter when the birth takes place, provided that he is on hand. If, however, he should be absent at this time, some other praktikanter takes charge of the case and delivers the woman. Therefore it is usual in all cases, which are likely for any reason to prove interesting, for more than one to inscribe his name on the board, so that if the student who has written his name first is not present, the second one has a right to officiate.

A praktikanter who has had no previous experience in the wards delivers his first patient under the direction of one of the midwives, who tells him exactly what to do. Of course after delivering one or two women this is no longer necessary, though in all cases a midwife is present at the bedside to help the accoucheur in whatever he may desire, and to receive the child after its birth. With the tying and cutting the cord, and assuring himself that the entire placenta has come away, the duty of the praktikanter to this patient is over, and he is then allowed to take charge of another case. As soon as a woman is delivered, her blackboard is filled out with the date, hour and character of the delivery, and a statement with regard to the sex and condition of the child. When she is carried from the lying-in room, this board is taken with her and remains suspended over her bedstead, in whatever ward she may be, until she leaves

the hospital, thus serving as a ready reference for the particulars of the delivery.

The two students whose names stand first on the list of praktikanter for the day, assume the duties of journalists. Their duties consist in entering upon the journal of births the name, age, occupation, condition and religion of the lying-in woman; the number of pregnancies; when the pains first came on; when the waters came away; the sex and condition of the child when born, and all other necessary remarks pertaining to the birth. This entry is signed by the midwife, who has charge of the others for the day (a subject which will be spoken of hereafter), and also by the one who has assisted at the delivery.

In regard to performing any of the manual extractions or instrumental deliveries, no student is allowed this privilege, unless he has previously taken one of the courses given by the assistants. If, however, he has taken one of these, he is allowed to conduct any abnormal delivery, under the direction of one of the assistants, with the exception of the more important ones, such as craniotomy, turning, &c., though even these have been performed by some of the praktikanter. Any number of students can examine a patient, unless there is some reason to the contrary, when notice to this effect is written on the little blackboard, and then no one but the student and midwife who have charge of the case, can make any examination. Any student, who is on duty (this being a *sine quâ non*), can during his term of service examine any patient he chooses, except of course in cases such as I have mentioned above.

There is no practical course in gynecology given, as Prof. Braun is opposed to it on the ground that the amount of examination necessary to render the course perfect would entail too much suffering on the patient. For this reason, also, a course called the "touching course," which was formerly given by the assistants, for practice in diagnosing the various positions of the fetus in utero, has been discontinued. Students have no opportunity of attending patients in their homes, since everywhere in Austria the midwives attend all natural cases of labor, accoucheurs being called in only in cases of necessity. No clinic for out-patients exists, but all who desire treatment are obliged to enter the hospital, where they are made, at the discretion of the professor, to serve as material for instruction. No distinction is made, in this respect, between married and unmarried women, the former being distinctly informed

on admission what will be required of them. The only real disadvantage, however, under which a student suffers is that the patient passes out of his hands when she leaves the lying-in room, though he has an opportunity of watching the case from day to day, at the visits which the professor and his assistants make with the students through the wards.

If a student, after five years of medical study, wishes to take his degree in obstetrics, he is compelled to furnish the Faculty with proofs that he has attended a course of lectures given by Prof. Braun; that he has taken an operative course with one of the assistants, and that he has served one semester in the wards, where he must actually have delivered a given number of patients. He then receives permission to come up for examination, and, as a preliminary, is obliged to describe, in writing, the history of two cases, from the time that the patients enter the hospital until their departure, writing a short theoretical essay on each. If these are deemed satisfactory, he enters upon his preparatory examination, which consists in performing, and at the same time demonstrating, on the cadaver or dummy, any operation which the professor may give him to do. If he is successful in this, a day is appointed for his final examination, before the assembled Faculty of Obstetrics—an examination which usually lasts from one-half to three-quarters of an hour, and consists of a searching inquiry into his knowledge, both theoretical and practical, of the department of which he hopes to obtain the diploma. Having passed through this ordeal satisfactorily, he receives the degree of *Magister Obstetriciæ*, a degree which consists of six different grades, corresponding to the excellence of the examination. The oath is then administered, that the obstetrician will practise only according to the laws of the Empire, and this ceremony completes all the requisitions. One clause of this law is a strange one, and results from the Catholic belief that the soul of an unbaptized person cannot be saved. It requires in all cases that the child's life shall be saved at the expense of the mother's, and that, therefore, whenever the child cannot be born alive through the natural channels, every endeavor must be made by the accoucheur to obtain the consent of the woman to a Cæsarean section, without which, however, the operation cannot be performed. Keeping pace, however, with the march of enlightenment, which in Austria is very slow, this law is gradually becoming a dead letter.

Nevertheless, so far has this belief in the damnation of an unbaptized child been carried, that cases have been reported of fetuses being baptized by means of a syringe before they have left the uterus.

Of the assistants to Prof. Braun, there is but little additional to be said, as the principal part of their duties has been necessarily referred to in speaking of the students and patients. There are two of them,* designated first and second, according to the dates of their appointments, which are made by the professor after a thorough examination. They reside in the hospital, in close proximity to the wards, over which they exercise a general supervision. They relieve each other every twenty-four hours, during which time they make two visits through the wards, one in the morning and the other in the afternoon, besides making the necessary examinations for the admission of patients. They attend none of the natural cases of labor, though they are obliged to be present at all preternatural deliveries, making the delivery themselves if necessary, or, if not, directing the student who has charge of the case. Both are obliged also to attend the lectures given by the professor, in order to make all necessary reports, and to assist him in his operations.

As, in Austria, midwives attend all natural cases of labor, the law forbids them to practise until they have been thoroughly instructed in the duties they will have to perform. The great school for this purpose is the second clinic of the obstetrical department, which is under the charge of Prof. Spaeth, and which is entirely distinct from the first clinic, the students of the former never coming in contact with the students of the latter. In order to enter this school, it is only necessary that the woman shall be between 24 and 25 years of age; shall be able to read and write, and shall bring a certificate of good moral character from the owner of the house in which she resides. The course of instruction (for which a small fee is required, and which extends over a period of nine months) consists of lectures and actual practice in the wards. The lectures are delivered by Prof. Spaeth, in the same amphitheatre as those to the male students, but, of course, at a different hour. The method of practical instruction is arranged in the following manner:—Eight days of every month, during their term of instruction, these women are obliged to remain day and night in the

* Now I believe the number has been increased to three.

hospital. During the eight days of the first month, they simply observe the manner of delivery and the general treatment of the patients, assisting the regular midwives in any way that they may direct; the second month, they are obliged to deliver, under the direction of the over-midwife, those patients who have previously had children; and the third month they commence to deliver the primiparæ. After this, they deliver a patient or not as they please, since it is not compulsory for them to do so. Their examination at the termination of the nine months' course of study, consists simply of a few practical questions, and of a written essay, descriptive of some case that they may have witnessed.

The appointment of the midwives to the hospital is made by the professors, who merely require that the applicants should come well recommended. There are eight of these midwives in each clinic, who are divided into groups of four each, relieving each other in attendance every twenty-four hours. Of these groups, each midwife serves in turn as journalist, whose duty it is to examine each patient as she enters the lying-in room to be delivered, in order to see how far labor has progressed; to keep a general supervision over each patient, and to summon the midwife who is to take charge of the case, when with primiparæ the head of the child has rotated, and in other cases when the waters have come away. She must also see that the journal is properly kept, and in the absence of the student journalists, make the entries herself.

The midwives deliver all the natural cases which the praktikanter do not wish to, and are obliged to summon these latter at night from the chamber provided for their accommodation, whenever it is necessary or whenever anything of interest transpires. They do not live in the hospital, but during their hours of duty remain day and night in the lying-in rooms, sleeping in the smaller one of the two, unless the large one is overfull, when they are obliged to give up the other for the accommodation of the patients. Every morning at 7 o'clock they come to the Hospital to bathe the children, small wooden tubs being provided for the purpose, which are inconvenient in the extreme, though necessitated on account of their cheapness. Of outside practice they have but little, since a strong prejudice exists in the community against them, on account of their connection with a hospital, the great fear being that they may transfer some infection to their private patients.

These women, as a class, are well versed

in their profession, and those employed in the Hospital certainly contribute greatly to the instruction of students, but that they could take the entire management of the wards is an idea not for a moment to be entertained, on account of their lack of judgment, which is particularly noticeable at the time of their monthly periods.

Apart from the rules regulating the heat and ventilation of the wards, there are but few sanitary laws existing, with the exception of the general one of cleanliness, which is strictly observed in all its details. There is one rule, however, which, though an excellent one, is but seldom carried out. It is the one obliging all those who have examined any patient with a doubtful vaginal discharge to wash his hands immediately afterwards in a solution composed of

*R. Potass. hypermag., 3ss.;
Aqueæ destillatæ, ℞ij. M.*

and to remove the stains of potash in a solution of

*R. Acidi muriatici, ʒvi.;
Aqueæ destillatæ, ℞xiv. M.*

This regulation, however, together with the one forbidding the students to come directly from the autopsy or dissecting rooms into the wards, is more honored in the breach than in the observance.

Before passing on to a description of the remaining division of the obstetrical department, it may be interesting to consider what difference in practice exists between this school and our own. In the first place, swatches are never used after delivery either in the Hospital or in private practice, excepting when, in the latter case, the patients particularly desire them; the forceps are employed much more frequently than with us, in cases too where there is no real necessity for it; ergot is never used, except in post-partum hæmorrhages, as its use before birth is deemed extremely dangerous to the life of the child; and, finally, Dr. Thomas's theory with regard to a prolapse of the cord, and his treatment therefor (the placing the patient on her hands and knees), are entirely repudiated, the reposition being effected here by fastening the cord to the end of a flexible catheter with a piece of tape, and then introducing the whole into the cavity of the uterus, where they remain until expelled with the child.

The second division of the department of midwifery is in a separate building, situated a short distance from the General Hospital, and is under the direction of Dr. Bernhard v. Pachner, assisted by Dr. Haas. It is a private institution to the extent that students cannot visit it, though neither in this

nor in the other division are there any private rooms. Different charges are made to its inmates, who are ranked either as first, second or third class patients, according to their ability to pay. Formerly, women applying for admission were not obliged to reveal their names, but were allowed, instead, to deposit with the proper officer sealed envelopes containing their names and address, which were returned unopened when their owners left the institution. In case of death, however, or any other accident, the envelopes were opened, knowledge being thus obtained of the patient's history. Recently, however, all this has been changed, and now all patients, on ad-

mission, are compelled to make similar declarations to those entering the first division. Into this second division also are received those patients who have been suddenly delivered in the streets on their way to the Hospital (unless previously carried to the main institution, and too weak to be again moved), and those who have been delivered at the house of some midwife, not more than thirty-six hours before application is made for admission.

The most important question that now remains to be answered is that with regard to the rate of mortality where so many lying-in women are gathered together in one institution, and to a better understanding of

I.—Statistics of the two Midwifery Divisions (combined) from the Year 1857 to 1867 (inclusive).

Years.	Remaining at the end of the year preceding.					Received.					Treated.					
	MOTHERS.					Children.	CHILDREN.					MOTHERS.				
	1st and 2d clinics combined.	Class.			Total.		Mothers.	Boys.	Girls.	Total.	1st and 2d clinics combined.	Class.			Total.	Children.
		I.	II.	III.								I.	II.	III.		
1858	314	3	1	12	330	159	8920	4380	4216	8596	8865	30	52	303	9250	8735
1859	332	2	0	13	347	143	8934	4447	4188	8935	8385	38	51	307	9281	8778
1860	335	3	3	9	350	143	8033	3950	3810	7760	7936	41	72	334	8383	7933
1861	359	0	3	22	384	156	8758	4343	4145	8488	8694	23	79	346	9142	8644
1862	333	1	3	8	345	126	7956	3854	3774	7628	7832	32	72	365	8301	7754
1863	359	0	1	18	378	140	8388	4338	4226	8564	8832	23	79	332	9266	8704
1864	367	1	3	9	380	165	9314	4606	4305	8911	9281	26	91	293	9694	9076
1865	320	0	1	12	333	145	8790	4433	4183	8616	9110	20	79	326	9535	8761
1866	351	0	1	11	363	141	9310	4410	4115	8555	9238	18	71	337	9664	8951
1867	274	1	2	10	287	120	8252	4212	3789	8001	8195	11	50	359	8615	8142

II.—Statistics of the two Midwifery Divisions (combined) from the Year 1857 to 1867 (inclusive).

Years.	Discharged.						Died.				Rate of Mortality.		Born dead.		Twins.	Triplets.	Four at one birth.	Born in the streets.		
	MOTHERS.				CHILDREN.		Mothers.	Children.	Boys.	Girls.	Total.									
	Not delivered.	Delivered.			Sent to their homes.	Sent to Foundling Hospital.						Total.								
		Sent to their homes.	Sent to Foundling Hospital.	Total.																
1858	157	736	7859	8752	87	8114	8201	151	226	185	411	1-09	4-69	187	105	292	135	2	0	1964
1859	159	778	7850	8787	78	8160	8238	144	228	169	397	1-01	4-62	133	107	240	116	1	0	1353
1860	109	760	6992	7861	67	7272	7339	138	244	164	408	1-71	5-16	149	112	261	99	0	0	365
1861	90	830	7595	8515	68	7992	8060	282	285	173	458	3-08	5-29	177	139	316	114	0	1	413
1862	113	961	6532	7606	71	7118	7189	317	247	178	425	3-82	5-48	163	133	296	103	0	0	469
1863	139	706	7836	8741	109	8021	8130	145	241	168	409	1-57	4-70	181	147	328	120	2	0	520
1864	169	803	8264	9236	136	8373	8509	92	249	191	440	0-95	4-85	187	142	329	105	3	0	553
1865	122	731	7946	8799	94	8103	8197	115	228	182	410	1-26	4-67	173	124	297	108	3	0	470
1866	125	674	8377	9176	123	8407	8530	122	374	104	438	1-33	4-89	190	155	345	126	2	0	363
1867	130	617	7483	8230	124	7533	7657	98	220	145	365	1-13	4-48	149	121	270	101	3	0	268

this subject I have appended the following statistics, compiled from the different Hospital Reports.

From the foundation of the midwifery department of this Hospital, in 1784, to the end of the year 1863, there were received into its wards 309,190 patients, from which number 11,398 died, or a per cent. of 3.68. During this same period 296,230 children were born, of whom 16,813 died in the Hospital itself, or 5.87 per cent.; 375,238 child-

ren were received into the Foundling Hospital, of which number, 294,242, or 78.41 per cent. died, that is during the six years that they remained under the care of the State.

The accompanying tables give the statistics of the first and second divisions of the department for a period of ten years, from 1857 to 1867 inclusive.*

* The Reports for 1867 are the last which have been written.

[To be concluded.]

III.—Statistics of the 1st Clinic from the Year 1857 to 1867 (inclusive).

Years.	INCREASE.								Sent to their homes.				Sent into Foundling Hospital.				Died.		
	Pregnant Women.	Patients delivered.	Born alive.		Born dead.		Born in the streets.*	Twins.	Triplets.	Pregnant Women.	Lying-in Women.	Boys.	Girls.	Lying-in Women.	Boys.	Girls.	Mothers.	Boys.	Girls.
			Boys.	Girls.	Boys.	Girls.													
1858	4235	4304	2143	2010	73	49	950	75		62	251	5	13	3901	2014	1901	86	114	102
1859	4150	4063	2043	1965	57	53	484	55	1	62	253	3	2	3691	1903	1845	81	113	98
1860	4006	3933	1950	1889	90	65	191	61	1	48	249	3	6	3594	1812	1797	90	139	89
1861	4568	4547	2297	2148	96	73	226	64	1	56	364	4	4	4016	2140	2060	183	167	89
1862	4219	4217	2019	2020	100	78	243	69	1	52	554	6	2	3729	1878	1901	159	133	111
1863	4809	4808	2407	2284	94	89	304	64	1	64	176	7	12	4568	2242	2184	71	146	100
1864	5058	4989	2544	2326	105	75	274	59	1	101	196	10	11	4743	2400	2209	67	145	97
1865	4849	4768	2361	2281	99	81	262	51	1	65	198	5	17	4480	2218	2161	78	125	101
1866	5015	4946	2508	2294	115	96	208	65	2	71	196	22	16	4677	2342	2201	82	152	85
1867	4296	4216	2191	1941	80	52	133	46	1	86	169	29	22	4002	2059	1843	48	104	74

* Births in the street are such as take place while the patient is on her way to the hospital.

IV.—Statistics of the 2d Clinic from the Year 1857 to 1867 (inclusive).

Years.	Increase.								Sent to their homes.				Sent into Foundling Hospital.				Died.		
	Pregnant Women.	Patients delivered.	Born living.		Born dead.		Born in the streets.	Twins.	Triplets.	Pregnant Women.	Lying-in Women.	Boys.	Girls.	Lying-in Women.	Boys.	Girls.	Mothers.	Boys.	Girls.
			Boys.	Girls.	Boys.	Girls.													
1858	4273	4266	2071	2020	97	62	1038	63	2	74	116	16	10	4090	1971	1945	60	90	62
1859	4333	4358	2137	2052	60	45	552	52	0	79	151	19	11	4087	2011	1998	47	112	75
1860	3549	3622	1794	1684	65	56	166	50	0	34	107	11	10	3355	1671	1602	73	101	79
1861	3713	3758	1815	1773	60	56	204	33	0	48	174	15	11	3337	1690	1692	177	124	68
1862	3347	3359	1624	1591	65	50	226	39	0	32	57	22	21	3048	1511	1479	88	98	75
1863	3686	3709	1793	1756	84	58	216	51	1	55	93	38	32	3419	1653	1669	20	91	73
1864	3803	3772	1838	1832	72	57	263	51	2	43	208	38	36	3522	1735	1688	30	102	88
1865	3675	3717	1859	1719	71	40	201	48	2	44	158	22	21	3448	1732	1630	34	101	76
1866	3885	3820	1932	1821	69	54	175	54	0	37	159	23	17	3623	1790	1734	42	118	74
1867	3548	3564	1832	1663	62	63	130	52	2	25	151	12	17	3396	1722	1591	41	109	67

V.—Statistics of the 2d Midwifery Division from the Year 1857 to 1867 (inclusive).

Years.	Increase.								Discharged.				Died.		
	Pregnant Women.	Lying-in Women.	Born living.		Born dead.		Delivered in the streets.	Twins.	Pregnant Women.	Lying-in Women.	Boys.	Girls.	Mothers.	Boys.	Girls.
			Boys.	Girls.	Boys.	Girls.									
1858	370	349	170	170	10	3	6	5	18	347	170	171	3	0	1
1859	399	387	194	183	9	4	15	3	15	386	193	182	4	0	1
1860	404	393	176	212	8	1	4	4	11	390	177	211	3	0	1
1861	449	430	222	197	9	13	4	11	16	417	199	197	6	3	0
1862	463	450	221	223	6	4	3	4	16	450	213	222	4	6	2
1863	401	380	193	183	8	3	6	7	18	374	190	183	6	4	0
1864	397	381	196	177	4	10	4	6	20	377	192	171	2	4	5
1865	412	395	213	183	5	3	4	4	13	393	211	180	3	2	1
1866	410	400	198	198	6	5	1	7	17	396	191	194	1	4	5
1867	408	384	189	185	7	6	5	3	19	297	181	181	6	7	4

Medical and Surgical Journal.

BOSTON: THURSDAY, MAY 25, 1871.

WE are obliged, by the abundance of material, to yield our Editorial space for this week.

THE DISCUSSION ON THE FEMALE PHYSICIAN QUESTION IN THE AMERICAN MEDICAL ASSOCIATION.

WE have been asked by several members of the profession to publish the discussion in the Convention at San Francisco on the Female Physician Question. The debate was briefly noticed in our report last week, but we had no space at that time; indeed, we can give it but little room at present; sufficient however to show the feeling of some of the members of the Association on the subject, and the animus of the meetings of the Convention. Our abstract is condensed from the stenographic reports in the San Francisco daily journals. The omissions made by us are necessitated by want of space; we have endeavored to leave out nothing which may be of importance to a right understanding of the debate.

For several years the subject of admitting representatives from Female Medical Colleges as delegates to the American Medical Association has been a matter of serious consideration, and at the session of the third day it was again brought up by an amendment proposed by Dr. Hartshorne, of Philadelphia, at the last annual session.

Dr. Harding, of Indiana, moved the adoption of the resolution amending the constitution, viz.: "Nothing in this constitution shall be so construed as to prevent delegates from colleges in which women are taught and graduated in medicine, and hospitals in which medical women graduates attend, from being received into this Association." Dr. H. said:—

I have but a word or two to say in relation to this question, a question which is at issue before the country and before this Association. It has been termed a vexed question. It has been before the Association the last year, the year before, and the year before that, and it is a question that is growing in importance and magnitude. For one, as a member of this Association, I am anxious to see this vexed question de-

termined and settled, and I think this Association owes it to itself to meet fairly and squarely an issue of this kind.

For myself, I can see no good reason, if female practitioners of medicine are graduated under as high a standard of requirements as male members of the profession, why they should not be regarded as legally and in fact members of the medical profession.

* * * * *

Prof. N. S. Davis, of Illinois—I hope the question will not be taken until the Association is sure that it understands the full bearings of the adoption of this amendment. I have no personal, or, at least, no strong personal predilections as to how this question shall be settled, so that we understand fully the full meaning, scope and final result that may follow from the adoption of that amendment.

* * * * *

Now, Mr. President, let every one consider fairly and fully whether the time has come or not that we, as the great representative body of this profession in our country, are ready, by deliberate action, to open the door and welcome the female portion of the community, not only into our profession, but into all the professions? Is the time come? Do we desire it ever to come? Is there any difference in the sexes? Were they designed for any different spheres? Are we to heed the law plainly imprinted upon the human race, or are we as a body to yield to the popular breeze of the times and say it must come, and therefore we will yield to it? Now I make no comparison between the sexes; I claim that there is no comparison to be made. The female in her proper sphere is just as far superior to man as man in his proper sphere is superior to woman. [Applause.] You, sir, and I can no more do properly the work that God designed for woman than she can do the work designed for you and me to do. [Applause.]

* * * I say it plainly, that experience has caused me, and those acting with me, to decide to have no mixture of the sexes. The experience I have had teaches me that, and I think the world would be better, civilization would go on faster, and men and women would be better off if each sex were to act in its proper sphere, and not lend its influence to the popular clamor. I say it would be well if men and women would stop the eternal wrangling about rights, and each would ask his or her own conscience a little more day by day: What is my duty and what are my obligations?

Dr. Donahue, of Iowa, moved to lay the resolution upon the table.

The Vice-President, Dr. Wetherly, in the

Chair, decided that the motion was not debatable.

Dr. Davis—I hope there will be no disposition manifested to cut off debate.

Dr. Donahue withdrew the motion to lay on the table.

Dr. James King, of Pittsburgh—This question has been debated in our Society for a number of years, warmly and earnestly debated, and when the vote was taken on one occasion, it stood 47 one side and 45 the other—a majority of two against the women. Such arguments as have been urged by the learned gentleman who has just taken his seat I have heard repeatedly over and over there, and I have generally found myself arrayed on the side of the woman. I think, sir, that this war against the women is beneath the dignity of a learned Society of scientific men. It would better become us if we would go with General Crooke to Arizona to fight the Indians, if we must gratify our bellicose dispositions, rather than to carry on this war against women.

After further remarks by Dr. K., Prof. Gibbons, of California, said:—

I have listened, I must confess, with some degree of surprise to some of the remarks that have been offered by my worthy friend, Dr. Davis—a man who holds almost the highest place in the profession. * * * But when it comes to the abstract right of woman to study medicine, and to perfect herself in the science and art, and to be acknowledged on a par with man, if she shows herself to be his equal, I cannot, for the life of me, see what reasonable objection there can be to such a proposition as that. I am not jealous of the ascendancy of woman. If a woman can teach herself, or be taught, the science of medicine; if she can perfect herself in the healing art, and come forward in the same circle of society in which I move, I am not going to repudiate her because she is a woman. If she is capable of competing with me I will allow her a chance of competition, and I will not trample her under foot because she is not dressed in breeches. [Applause.]

* * * I think the day is come, Mr. President, I think the day is finally come upon us when we must admit, to some extent, the prevailing sentiment as to the propriety of female affiliation, and in receiving it, as we are now doing, we are cutting ourselves off from the aid of a large number of individuals who would be honorable to the profession and useful to us when associated with us; and not only

that, but we are weakening the bonds connecting us with many of our brethren who are the brightest luminaries within the horizon of medicine, who are associated, as in the case of President Stillé and other eminent men in Philadelphia, with female institutions. Now are we prepared to do this? The longer you oppose resistance to this current, the stronger it becomes by opposing it. We shall add the force of Niagara to the current that is coming down upon us, upon this question of female education, and the result will be, if we persevere in maintaining the position we now hold, that we shall not only fail in accomplishing our purpose, but we shall ourselves be swept away by the current. [Applause.]

Apart from principle—there is something due to policy. I would not give up principle for the sake of policy at all, but where principle and policy coincide, there, I say, it is proper and legitimate to look a little to the question of policy. I do not wish to prolong these remarks with regard to the time that is before me, and I have not a long time before me in my career, but I have examined this question, I think, fully and impartially, and I wish to place myself upon the record in the position which I have defined here at this time. I feel confident, whether it is regarded as a matter of policy or a matter of principle, I feel confident as to what the coming day will do. It will not do what the clamorous advocates of woman's rights are now aiming to accomplish—that I am willing to acknowledge—but it will do something, it will bring forward the female sex on an equality with man on the score of medical education when the parties are properly deserving of being thus put forward. That is what it will do. That is the only point I am aiming at here, and I want my friends here, men who have been old acquaintances of mine, and whom I have not seen for twenty-five or thirty years until I had the unspeakable enjoyment of taking them by the hand during this Convention, to know where I stand on this occasion at the present time, and I want to be placed upon the record on this question in view of the coming time—the time when our children will settle it irrespective of the action we may take at the present moment.

Prof. Johnson, of Missouri—I have listened with pleasure to the discussion of the amendment of our Constitution with regard to woman, and I confess, sir, that my mind is not fully made up upon it. Nevertheless, it is sufficiently so to enable me to

state my own impressions with reference to this question, and what should guide us to a proper solution of it.

In the first place, I do not understand that woman has asked admission to this floor. * * * Now, sir, I am wholly opposed to the admission of women here. I am willing to accord to them every right and every privilege that, as citizens, they claim under the Constitution of the United States of America; I would not throw an obstacle in the way of woman being admitted to the very highest point to which she is susceptible; I would not deny them any privilege in relation to the formation of societies, or the formation of institutions of any kind whenever and wherever they choose to establish them, and I would bid them Godspeed; but I would like to know why the question is forced upon us here—for it has been forced upon us. This Association has never made war upon woman; but the fire-brand was forced upon us and we are obliged to meet the question. The war was declared on the other side, and I stand here as a member of this Association and say let women have as many Medical Associations as they choose, and let them attend to their own business, which they generally know pretty well how to manage; let them attend to their own business and we will attend to ours. * * * I for one am willing to meet this question fairly and squarely, and I say this body will stultify itself by the admission of women. It was not contemplated in the original Association that it should ever have women among its members; it was never supposed that the question would ever be brought up before us, but it has been brought up before us, and I am for meeting it here to-day, and I am entirely opposed either to the reception of women, or the reception of any representatives of women from any College or other Institution.

Dr. Atlee, of Philadelphia—We of Philadelphia have been asked why this question was brought before this body? We have not brought it here to-day, but our worthy President has presented it before you. That answers the question of the gentleman in regard to that.

Dr. Johnson, of Missouri—I ask the pardon of the gentleman. The amendment was proposed by Prof. Hartshorne, representing the Female College of Philadelphia, at the last session.

Dr. Atlee—That may be granted, but in Cincinnati you will remember Dr. Davis got up and told us to settle all our difficulties at home; to go back to Pennsylvania and

settle our difficulties, but when we got back to Pennsylvania we were told to go to the American Medical Association, and get admission there, and then come back to that Society. Now, what are we to do? We are bounded from one Association to the other in shuttle-cock and battle-dore style, and how are we to act? We are sent back to Pennsylvania, and Pennsylvania sends us back here, and we are now here. The whole question comes down to one simple point, and that is this: Does the code of ethics, which is the supreme law of this institution, prevent any institution being represented here that complies with that code? Unfortunately, this opposition to female colleges generally comes from the professors or controllers of other colleges. Is that the position in which they wish to place themselves? Is it proper, as a medical organization, to put our feet down upon another organization merely on account of sex? When there are colleges standing up before the community that teach just precisely as other colleges do, and that stand, in many respects, better than many others of the colleges represented here, colleges which give obstetrical and clinical instruction, when a majority of the colleges represented here have no such instructions; have no clinical instruction. These institutions are chartered by the Legislature of Pennsylvania, and there can be no exceptions made to them except upon the score of sex. Now do we, by our code of ethics, undertake to suppress them. I say it is unjust, it is unconstitutional, and we have no right to do it by our code of ethics. * * * By the rules of our Medical Association, I dare not consult with the most highly educated female physician, and yet I may consult with the most ignorant masculine ass in the medical profession. Is that right, sir? Qualification ought to govern in this matter, and not sex or caste. [Applause.] * * * Now the question, it appears to me, comes down to one simple point, and that is this: Here a code of ethics refuses admission to a Female Medical College, when based upon the same principles as all other colleges are based upon. I care not what may be the qualifications of an individual, if he fulfils all the duties of his profession, or comes up to the code of ethics of the American Medical Association; if he is a graduate of medicine, a physician in regular standing, I will consult with him, and I should like to have the same privilege of consulting with any physician, male or female. Qualification, and not sex, ought to be the discriminating point between

members of the medical profession. * * * I shall now call upon the delegate from the Woman's College (Dr. Thomas), who is present, requesting him to present his views upon the matter. I believe he has already been admitted upon the report of the Committee of Arrangements, and I hope that he will have a proper hearing.

Dr. A. L. McArthur, of Illinois, obtained the floor and said:—It seems to me there are several questions being discussed with regard to the proposition now before the Association. All arguments in reference to woman's sphere seem to me irrelevant. We have nothing to do with whether or not she is competent for a physician, a lawyer or a minister, but the question is whether it is the bounden duty of this Association to receive women as delegates. Let woman be educated in every department of science, every profession, if she chooses. * * * I am opposed to uniting the sexes in the colleges and in associations, while at the same time I would not raise a barrier against the progress of woman in the field of medicine or surgery.

Prof. C. H. Thomas, of Philadelphia—The remarks of the gentleman who just sat down struck me in some respects as being exceedingly just. However, he raises a question at the close of his remarks on which I cannot agree with him. The remarks also of the eminent gentleman who preceded him, Dr. Johnson, of Missouri, I believe, whom I have not the pleasure of knowing personally, relate to the same question. Why does the women's medical interest desire to be represented here? Why do they wish to mix with men? The question is rather a complicated one. I say, however, to you, as a matter of fact, that the ladies do not wish to be educated in common with men in medicine, at all. They prefer a contrary method. * * * Why do women force themselves in here? Why does that body, in other words, send me here, unworthy as I feel myself for the work that is to be done—work of such great magnitude—much greater than many have an idea of? In the Eastern States the medical education of females has already become a very important matter. * * * That distinguished surgeon, Dr. Atlee, has well said he dare not consult with a man who teaches women, or consults with a woman. He dare not even consult with our President, Prof. Stillé, for Prof. Stillé consults with women, and therefore Dr. Atlee dare not consult with him. I say, further, that Dr. Atlee has held a consistent position in this matter. He will make no rebel-

lion in the Medical Association, and will do nothing against the law of those societies preferring to fight out the battle within them. Several gentlemen say they have their common rights taken away by this rule, the rights which God gave them at their birth, and they prefer to break the law; but Dr. Atlee says, "I will not break the law," and therefore he never dares consult with Dr. Stillé. * * * These ladies are called in to attend difficult cases, and they desire, like every practitioner, to have consultation; but they are not only refused consultation, but when their names are mentioned to these practitioners by the patients of these ladies or their families, they are told, "Why, your physician is not a physician. Her diploma is not recognized by the American Medical Association." That is what I came here for to-day. It is to ask you to admit us to a just position. We want to be judged by our merits—nothing else. I would like, and I ask it, that a committee of the American Medical Association be appointed to examine our institution; to examine into the methods of teaching and into the terms of our lectures, which are now five months and a half. I would like the graduates of the past year to be put through the same examination that you did the graduates of the other colleges. I see eminent professors here, and I would like these very gentlemen to re-examine them and see whether or not they are fitted for equal rights in the profession with men. * * * I do not wish to occupy too much time, but there are some points I do wish to come to. One is this: that our lady graduates are already recognized by many physicians, in spite of societies, and especially so in some parts of Pennsylvania. In the Montgomery County Medical Association of Pennsylvania, Doctress Anna Lukens, one of our lady graduates, was elected last year. That, however, placed that Society outside the pale of the Pennsylvania Medical Society if that Society ever dare to enforce its rule. They were challenged last year in Philadelphia to enforce that rule, and they dare not. Dr. Traill Green rose and said, and I have the report with me: "Gentlemen, I dare you to enforce this most unjust law." Dr. Parrish rose and said: "I will consult with women if I choose, in spite of any law of any association!" It has been done again and again, and the Society dared not come up to the enforcement of its penalty. Yet, in some of the other States, our graduates stand in as bad positions. And laws so filled with evil that they cannot be enforced

in the face of the community are still used covertly to their serious prejudice. * * *

(Dr. Thomas was listened to throughout with marked attention).

Dr. Moore, of Boston—I have listened with interest to the remarks of the gentlemen on both sides of the question. I think they have ventilated themselves fully. I trust now we shall bring the subject to a close. I have been a member of this institution almost from its commencement, though, unfortunately, I have not been able to attend every meeting. I did not expect that the subject of woman's rights would ever come up before us. I am not opposed to woman, but I am opposed to their coming into this Association. As a man, I would wish to see woman educated, and am always willing to advise and assist them if I can do it, and I trust the other gentlemen will do so. We can't ignore women, nor deny their intelligence. We want intelligence among ourselves. I think we have talked sufficiently upon this subject. If women can be educated to do more good in the community than men can, let them do so without hindrance, but I do object to their coming into this Association. I hope they will have an association of their own, and possibly they may show us that they can excel us. I move, in order to put the subject at rest, that the whole subject matter be indefinitely postponed.

The vote was taken by ayes and noes, and the Secretary announced the result as 80 ayes to 25 noes.

So the proposition to amend the constitution was indefinitely postponed.

At the morning session of the Association on Friday, the subject matter was renewed by Dr. Atlee, of Philadelphia, who offered the following resolution:—

Resolved, That the American Medical Association acknowledges the right of its members to meet in consultation the graduates and teachers of women's Medical Colleges, provided the code of ethics of the Association is observed.

Dr. Storer said the subject had been discussed fully yesterday. The Association should be careful how it acted; it involved the lives of many members of the community. The question had been discussed fully; he was not present; if he had been, he would have presented arguments against the matter that had not been touched upon. It had been settled by a viva voce vote of the Association, which was almost unanimous. He protested against the measure coming up again; it had been indefinitely postponed. Dr. Atlee undoubtedly was

moved by good motives in offering this resolution; he was not actuated as some were, to have the consultation fees flow into his pockets.

Dr. Johnson said he hoped the resolution would be adopted. It was not to admit women on this floor, but to enable the physicians of Pennsylvania to consult with women. He was willing to grant women all privileges, and if they wanted associations of their own, let them establish them, and he would bid them God speed. In justice to the gentlemen from Pennsylvania, the resolution should be adopted, as they were not recognized as regular practitioners by the local societies, and he understood even the venerable gentleman now in the Chair (Dr. Stillé) was not recognized.

Dr. Stillé—Such is the case.

Dr. Johnson resumed, saying he did not consider it unprofessional for practitioners to consult with women. All barriers in that respect should be removed. [Applause.]

At this point, Dr. Gibbons, Sr., interrupted the speaker, and called for the reading of the resolution.

Dr. Storer—I move to lay the resolution on the table.

Dr. Johnson—Can a motion be made while I have the floor? [Applause.]

President—No, sir.

Dr. Johnson concluded his remarks by stating that according to the existing state of affairs, even members of the Association could not consult with the President, who was one of the consulting physicians of a female medical college of Philadelphia, without violating its laws.

Dr. Wetherly said there was nothing in the code of ethics of the Association preventing physicians from consulting with women. If local societies had it on their statute books, they could not help it.

Cries of "Question," "Dr. Atlee."

Dr. Atlee—We are sent here by our State Society to get the endorsement of the American Medical Association, just to that purpose. They say that the Pennsylvania Association oppose our action. We ask your endorsement for a privilege which is exercised by Dr. Johnson, and should be by every other medical man in the Union. But we are tabooed, and we dare not consult with a female physician, when once the Medical Association forbids it. We are tabooed, and what we seek is to have the rules of the Pennsylvania State Association abolished, in hopes that we then will be free to act as men in other parts of the country act; that is all we ask.

Dr. McArthur—Inasmuch as I made a very few remarks touching the matter yesterday, I wish to say to the Association that, as I understand it, the American Medical Association is not a body from whom we require primary legislation. It is rather a court of appeal.

Dr. Atlee—We are here now on appeal.

Dr. McArthur—When the matter of consultation with women comes up from any association of the State of Pennsylvania, then it will be time enough for the American Association to adjudicate upon the matter.

Cries of "Question," and confusion.

Dr. Gibbon, Sr.—One word; I shall not detain the meeting. Does the gentleman say there is not the least occasion for action of this kind when the President of this Association stands here in the preposterous attitude of a man tabooed from consulting with members of the State Association? When Dr. Atlee, a distinguished surgeon of Philadelphia, dare not consult with the President of this Association for fear of expulsion from his State Society, do you tell me there is no occasion for action in this case? Do you tell me that, when a motion of this kind will settle the discord existing in the State of Pennsylvania, and place their position in accord with that of the physicians of all the States of the Union? This knotty question will be set at rest, as it will be by this resolution, for it is only the declaration of a truth. [Applause.] The only objection urged to it is that it is superfluous. If it is superfluous, what harm can it do? Adopt the superfluity, for the sake of peace, for the sake of harmony, and for the sake of consistency. [Applause, and loud calls of question.]

The President caused the resolution to be read again.

Dr. Toner—I propose to amend that resolution by adding "when their supporters are recognized by the local and State Medical Societies."

Dr. Storer—That is not the motion. I made a motion to lay this whole matter on the table.

Dr. Storer endeavored to get a hearing, but was prevented from speaking by the President.

Dr. Storer—I ought to have a chance to be heard. The Chair allowed one or two speeches to be made on a motion to lay on the table.

The President—If the Chair committed one error, it will try to avoid that same error hereafter. [Laughter.]

The motion to lay on the table was lost by a vote of 53 to 61. [Loud cries of ayes and noes! Let's adjourn for Oakland!]

Dr. Davis—I hope the Association will not entertain any dilatory motion to call the roll. Let us in five minutes finish this work one way or the other. It will neither kill nor cure anybody.

The amendment to the resolution was called for.

Dr. Storer—I ask the courtesy of the Chair for one minute, and I will state, with all respect to yourself, that, in view of the argument on this floor yesterday, and the action that was had yesterday, it would be a stultification of the action of this Association, including yourself, to pass this resolution, and I venture to say that you would not have been the President of this Association if—

Dr. Gibbons—I call the gentleman to order.

Dr. Storer—I accept your call to order, doctor. I say that this stultification might have taken place—and if it did take place, then that it would be a full stultification of this Association to take this action now, in the face of the former action of the Association.

Loud cries of "Question!" And while the vote on the amendment was being taken—

Dr. Toner—Is there a gentleman here who would be willing to consult with any one not recognized by the local or State Association?

The amendment was then put to a vote and lost by a vote of 41 to 45.

Surgeon Browne, U. S. N., moved the indefinite postponement of the resolution.

Dr. Davis—I must ask the members of the Association if they are willing to give falsity to our record of yesterday, in which we agreed to go on the excursion to Oakland this morning? We can finish this business just as well to-morrow as to-day. It is a question only of tweedle-dum and tweedle-dee.

Dr. Cole moved to adjourn till eight o'clock P.M., which motion was carried almost unanimously, and the members started for Oakland.

(To be concluded.)

A GROWING MEDICAL LIBRARY.—The Library of the College of Physicians and Surgeons of New York City contains 15,000 volumes.—*Medical Record*.

Medical Miscellany.

THE SOUTH BRISTOL MEDICAL SOCIETY.—At the annual meeting of this Society the following resolution was adopted on motion of Dr. Chas. L. Swasey, of New Bedford:—

Resolved, That the councillors of the South Bristol Medical Society be, and they are hereby instructed to use their best efforts in the approaching meeting of the councillors of the Massachusetts Medical Society to effect a change in the nomination of the officers of the Society—that the nominations be made in full meeting of the councillors or by a committee consisting of a delegate from the councillors of each district Society.

On motion of Dr. George T. Hough, of New Bedford, it was voted that a copy of the resolution be sent to each district Society, with a request for their coöperation.

The following resolutions, offered by Dr. Gordon, and supported in remarks by Drs. Swasey, Atwood, and by the Chair, were adopted:

Resolved, That by the death of Dr. Andrew Mackie, of New Bedford, the members of this Society lose an associate of marked professional ability and uprightness of character.

Resolved, That, one of the founders of our Society, he has claims to our gratitude for his unvarying support of it—a support given from an often expressed conviction of the correctness of the principles underlying its organization, that by measures promotive of professional good, that of our fellow men will be promoted.

Resolved, That, as individuals, our gratitude is due him for the example of steadfast devotion to duty, and high moral principle, which has governed his course; that, as a man, a friend and a physician, his memory will ever be precious.

Resolved, That we tender our sincere sympathy to his widow and his children in their bereavement.

MEDICAL INSTRUCTION IN LEIPZIG.—A correspondent speaks in flattering terms of the advantages offered for medical study in Leipzig. The University gives instruction to 1400 students, of which number 300 are engaged in medicine. The buildings connected with the University are new, very large and conveniently situated. The Chemical and Physiological Laboratories and Pathological Institute are especially well adapted to the purposes for which they were intended. At present, medical students have a fine opportunity to study smallpox. One hundred and fifty cases are in the hospital, and in one week seventy died of the disease.

IODIDE OF AMMONIUM PREFERRED TO IODIDE OF POTASSIUM.—Dr. J. W. Curran (*Medical Press and Circular*) is confirmed in the belief that iodide of ammonium is more potent in therapeutics than iodide of potassium. He gives it the preference in the treatment of glandular affections, and cautions it highly in cutaneous erysipelas. His method of applying it in erysipelas is in the form of ointment spread on lint, as well as internally. The ointment is composed of 30 grains of the iodide to

an ounce of simple cerate. He says it rapidly promotes absorption of the effusion underneath the skin, and has been uniformly successful in 16 cases. He also gives internally four grains three times a day, with infusion of cinchona. "I am proud to say," he continues, "that the rash has never spread beyond the anointed lint."

ULCERS A CAUSE OF BRIGHT'S DISEASE.—Professor Fischer, of Breslau, has shown that chronic ulcers of the legs, if allowed to persist unhealed, invariably lead to amyloid degeneration of the kidney. Hence, the cure of such ulcers becomes a matter of great importance. Dr. Fischer recommends Langenbeck's continuous bath as the best treatment.—*Journal of Cutaneous Medicine*.

TO CORRESPONDENTS.—Communications accepted:—Case of General Fatty Degeneration, resulting in Apoplexy of the Kidney.

PAMPHLET RECEIVED.—The Glykogenic Function of the Liver. By James Tyson, M.D. Philadelphia. Pp. 6.

MARRIED.—In this city, 17th inst., Dr. F. Gordon Morrill to Miss Arria Niles.

DIED.—At Newport, R. I., 17th inst., Dr. Daniel Watson, aged 72.

Deaths in nineteen Cities and Towns of Massachusetts for the week ending May 20, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	93	Consumption 33
Charlestown	7	Pneumonia 23
Worcester	16	Scarlet fever 6
Lowell	11	
Milford	5	
Chelsea	3	
Cambridge	10	
Salem	8	
Lawrence	7	
Springfield	4	
Lynn	8	
Gloucester	4	
Fitchburg	4	
Taunton	7	
Newburyport	6	
Somerville	8	
Fall River	7	
Haverhill	1	
Holyoke	2	

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Lowell reports two deaths from smallpox.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, May 20th, 93. Males, 46; females, 47. Accident, 4—apoplexy, 1—"arterial ossification," 1—disease of the bowels, 1—bronchitis, 4—inflammation of the brain, 1—disease of the brain, 3—cancer, 1—consumption, 16—convulsions, 2—croup, 1—debility, 2—diarrhoea, 3—dropsy, 2—dropsy of the brain, 2—drowned, 1—dysentery, 1—epilepsy, 1—scarlet fever, 2—typhoid fever, 1—gastritis, 1—disease of the heart, 7—hernia, 1—disease of the kidneys, 3—disease of the liver, 2—congestion of the lungs, 2—inflammation of the lungs, 6—marasmus, 4—paralysis, 2—premature birth, 3—puerperal disease, 1—rheumatism, 1—scalded, 1—disease of the spine, 1—suicide, 2—unknown, 6.

Under 5 years of age, 31—between 5 and 20 years, 6—between 20 and 40 years, 16—between 40 and 60 years, 18—above 60 years, 22. Born in the United States, 69—Ireland, 28—other places, 6.

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Pills & Bridges of the Proto-Iodide of Iron & Manganese.
Manganous Iron reduced by hydrogen.

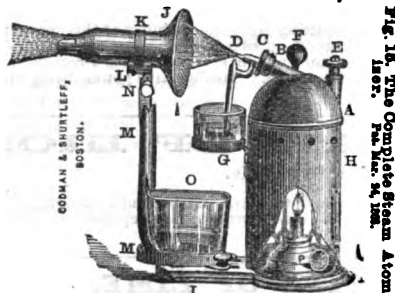
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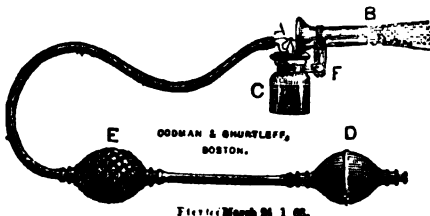
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A PAMPHLET

containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," with formulae of those successfully employed. Also an article by Dr. J. L. W. TRENCH, M.B. C.P., on "A New Mode of treating Diseases of the Nasal Cavity," with his formulae. Also an illustrated description of the best apparatus for the above purposes, and for producing LOCAL ANÆSTHESIA by Atomization with Ether, by the method of Dr. RICHARDSON, of London; or with Rhigolene, as described by Dr. HENRY J. BUS LOW, in the Boston Medical and Surgical Journal of April 19, 1886.

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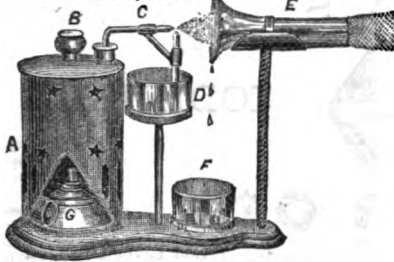
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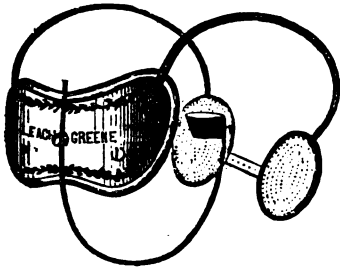
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The subscriber continues, as for the past twelve years, to devote special attention to the propagation and supply to the profession of the best possible *materiel* for vaccination.

Last spring he sent a special agent to Paris to investigate fully the whole subject of animal-vaccination as practised there, and to procure such supplies of virus, in various forms and from many different animals, as might enable him to inaugurate the method here. This agent returned two months since, and the objects sought in sending him have been fully attained. Over twenty heifers have already been successfully vaccinated, others are vaccinated every few days from the two non-humanized "stocks" mentioned below, and this "service" will be continued indefinitely if, as is not doubted, the support of the profession justifies the great and continual labor and expense.

All virus issued by me is collected by myself from vaccinations of heifers and infants, made by my own hand, and is fully warranted in every respect. In any case of failure of a first supply, a second will be sent on notification within thirty days.

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COWPOX VIRUS, derived by transmission from heifer to heifer, from the famous case of cowpox discovered at Beaugency, in France, in 1866. COWPOX VIRUS from inoculation of an heifer in 1868, from an original case of horse pox at Alfort in France, and since then from heifer to heifer. Crusts, \$5; Capillary Tubes of fluid lymph, \$3; Packages of ten Ivory points, charged on both sides, \$2 each.

VACCINE VIRUS, of one perfectly healthy human remove from either of the above. VACCINE VIRUS from vaccination of healthy selected infants with the "stock" of the National Vaccine Institution of London, derived in long succession, for seventy years, from lymph collected by Jenner himself; the oldest and best long humanized virus in existence. Crusts, \$3; Tubes, \$2; Packages of points, \$1.50 each.

The Tubes and Points are recommended as the best forms of the cowpox; of the humanized "stock" all forms are equally reliable.

I shall be most happy to answer all inquiries touching the subject of Vaccination, and on any week day, from 3 to 4 P. M., to receive the visits of physicians, and exhibit to them heifers in different stages of the disease; but no orders for virus will be noticed without a *rrmittance*. The original cowpox lymph will not be supplied to or through agents or dealers.

Address Dr. HENRY A. MARTIN,
27 Dudley Street, Boston Highlands, Mass.
Dec 1, 1870.

189 WARREN AVENUE, Sept. 16, 1869.

DR. T. W. FISHER, having retired from service at the Boston Hospital for the Insane, to enter on general practice in this city, will give attention by preference to Mental and Nervous Diseases.

He has permission to refer to the following gentlemen:

Dr. C. A. Walker,	Dr. J. E. Tyler,
Dr. D. H. Storer,	Dr. H. I. Bowditch,
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D. DUFFORREST DOUGLASS.

Jan. 13—contd.

COPARTNERSHIP NOTICE.—I have this day admitted Geo. F. H. MARKON, for seven years my head clerk, and JOSEPH T. BROWN, Jr., my son, partners in my business. I avail myself of this opportunity to tender my sincere thanks to my old friends and customers for the liberal patronage bestowed upon me for more than THIRTY YEARS, and respectfully ask a continuance of their favors in behalf of the new firm. JOSEPH T. BROWN,
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Boston, March 1, 1869.

JOSEPH T. BROWN & CO., Druggists and Pharmacists, 292 Washington, corner Bedford Street, Boston, Manufacturers of Standard Pharmaceutical Preparations, and Dealers in the Finest Drugs, Medicinal and Fine Chemicals, Select Powders, Pure Essential Oils, Genuine Medicines, Mineral Waters, New Remedies, &c. &c.

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By manufacturing ourselves, by careful selection from the market, and by direct importation, we shall be able, at all times, to supply our customers with the highest grades of every article in our line.

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Mob. 11—tf.

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References:

Dr. S. G. Howe, Boston, Mass.	
Dr. Edward Jarvis, Dorchester, Mass.	
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A TWOOD'S PURE COD LIVER OIL.—Prepared by Capt. N. E. ATWOOD.
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Jy 18—tf

CENSORS OF SUFFOLK DIST. MED. SOCIETY.—In accordance with the following By-Laws, the Censors of the Suffolk District will meet at the house of Dr. B. Joy Jeffries, 15 Chestnut Street, Boston, Thursday afternoon, June 1, at 4 P. M.; also at 10 A. M., at the place of the Annual Meeting of the Mass. Med. Society, June 7.

Extracts from By-Laws:

"I. Any person may be admitted a member of the Massachusetts Medical Society, who shall have passed a satisfactory examination before a Board of Censors, as to his credentials, personal and medical qualifications, and character, and shall have signed the By-Laws.

"The candidate must be a person of sound mind, and of good moral character; shall be not less than twenty-one years of age; shall have such an acquaintance with the Latin Language as is necessary for a good medical and surgical education; and shall have acquired the principles of geometry and experimental philosophy." He shall have studied three full years under the direction, and shall have attended the practice, of some respectable physician or physicians. He shall have attended two full courses of lectures on anatomy, physiology, chemistry, materia medica, midwifery, and the theory and practice of medicine and surgery.

"No person shall hereafter be admitted a member of the Society who professes to cure diseases by Spiritualism, Homeopathy or Theosophism.

"II. Candidates shall be examined, at any sitting meeting of Censors, in each and abiding branches mentioned in Article I. of the By-Laws. If the examination be satisfactory to the major part of the Censors present, the candidate shall be admitted a Fellow; but if unsatisfactory, he shall not be re-examined by any Board of Censors in less than six months.

"XII. The Censors of the Suffolk District Society shall officiate for that District and for the Society at large; and shall meet, for the admission of Fellows, in Boston, on the Thursday next preceding the annual meeting of the Society, on the days succeeding the examinations of the Medical Department of Harvard University, and on the day of the annual meeting of the Society."

Resolue of June 17th, 1866.—"That the Censors at Large are hereby instructed not to admit into the Society any person who is a resident, or in practice, in any district except their own."

No fee is attached to the admission of a Fellow.

B. JOY JEFFRIES, M.D.

Sec'y Suffolk Dist. Board Censors Mass. Med. Soc.

* It is understood that he is able to translate the select Orations of Cicero, the *Æneid* of Virgil, or the medical writings of Celsus, and the formulae of the Pharmacopœia of the United States; and that he have a knowledge of Euclid's, Ptolemy's or Loomis's Elements of Geometry; also of Golding Bird's or Olmstead's Natural Philosophy, or the Cambridge Course of Physics.

If the candidate be a graduate of any college, the examination in these branches may be dispensed with.

May 28—2t.

VACCINE VIRUS.

SPECIAL NOTICE.

The subscriber will not in future, in any case, furnish either Cowpox or Humanized Vaccine Lymph to any agent or dealer. It is most important that physicians should know the precise source of their vaccine supply, and who is solely responsible for its excellence; this can only be attained by direct communication with the person who devotes himself to this troublesome and laborious specialty.

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27 Dudley Street, Boston (Highlands).

Jan. 19—2t.

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B29—2t.

D. R. KIMBALL has returned from Europe, and has resumed his office, No. 6 Temple Street.

Office hours from 10½ A. M. to 2½ P. M.

020—2t.

D. E. B. MOORE, 194 Hanover St., will hereafter attend *exclusively* to office Practice and Consultations.

Jan. 19—2t.

D. B. GARRATT's office hours, after this date, will be from 9 to 1 only.

No. 9 Hamilton Place, Boston, Feb. 1, 1869.

74—2t.

CHARLES H. SPRING, M.D., has removed to
No. 25 HARRISON AVENUE.
Special attention given to the Treatment of Diseases of the Spine
et.

A PHYSICIAN, located in one of the most pleasant New England Villages, and doing an extensive business, wishes in consequence of failing health, to dispose of his situation for a small compensation. Address G, at this office.

May 26—4t.

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HENDERSON & CO.

May 18—2t.

24 Tremont Row.

HARVARD UNIVERSITY.—Dr. C. J. BLAKE will deliver a Course of Lectures on ORTHOGY, at the Medical College, in North Grove Street, on Wednesdays and Saturdays at 8 A. M., commencing on June 2d. Members of the profession are invited to attend.

May 25—2t.

CALVIN ELLIS, *Dean of the Faculty.*

HARVARD UNIVERSITY.—Dr. EDWARD WHEELER will deliver a Course of Lectures on STYPLIAS, at the Medical College, on Tuesdays, at 11 A. M., commencing May 30th.

May 18—2t.

CALVIN ELLIS, *Dean of the Faculty.*

BOSTON MEDICAL ASSOCIATION.—The Annual meeting of the Association will be held at the Rooms of the Medical Society, Temple Place, on Monday, May 22, at 3½ o'clock, P. M.

BUCKMINSTER BROWN, *Sec'y.*

May 18—2t.

MECHANICAL SURGERY.—ARTIFICIAL LIMBS, ARMS, and MECHANICAL APPLIANCES for every condition requiring *Mechanical Treatment*. Their construction is superior, adaptation scientific and successful, and *eminently approved*. Officers and soldiers furnished to order of the Surgeon General U. S. A. Illustrated pamphlets and *first class references* furnished.

B. D. HUDSON, M.D.,

Ap. 27—2t.

696 Broadway, New York

A VERY DESIRABLE OPENING.—A physician in Minnesota, who had a large and first class practice, being about to remove to an Eastern city, desires to dispose of his property, consisting principally of a city residence and office, to a good physician who may become his successor.

For particulars, inquire (by letter or otherwise) of O. W. JORDAN, 83 Washington Street, Boston.

Ap. 6—3m*

VACCINE VIRUS.—We are prepared to furnish Crusts of Vaccine Virus, taken from healthy country children. Warranted pure and reliable. Price of Crusts, \$2 each.

LEACH & GREENE,

Dealers in Surgical Instruments,

1 Hamilton Place, Boston.

May 18—2t.

KENT'S METALLIC NIPPLE SHIELD AND CAOUTCHOUO TEAT is recommended to the medical profession, especially to accoucheurs, as furnishing the only perfect mechanical substitute adapted to all cases of exoriated and retracted nipple.

The contrivances hitherto devised for the purpose have generally fallen into disuse on account of radical defects in construction, and the substitute now offered has been withheld until it could be thoroughly tested in a class of cases which have resisted medical treatment. How it obviates the most objectionable feature of the ordinary appliances, and in what respects is superior to them, is at once apparent. Manufactured and for sale by ROBERT E. KENT, East Boston.

May 25—1y.

T. METCALF & Co., *Agents, Boston.*

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BOSTON MEDICAL AND SURGICAL JOURNAL.

FRANCIS H. BROWN, M.D., EDITOR.
H. H. A. BEACH, M.D., ASSISTANT EDITOR.

Whole No. 2261. }
Vol. LXXXIV. }

THURSDAY, JUNE 1, 1871.

{ New Series.
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HARVARD UNIVERSITY.

MEDICAL DEPARTMENT—BOSTON, MASS., 1871–72.

CHANGES IN THE PLAN OF STUDY AND THE REQUISITES FOR A DEGREE.

THE REGULAR COURSE OF STUDY for persons who begin their medical education at this School, will occupy three full years. The year will begin on the Thursday following the last Wednesday in September, and end on the last Wednesday in June, and will be divided into two equal terms. The instruction will be given by Lectures, Recitations and Practical Exercises, throughout the year. The general subjects of the Regular Course of study are:—

For the first year—Anatomy, Physiology and general Chemistry.

For the second year—Medical Chemistry, Materia Medica, Pathological Anatomy, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

For the third year—Pathological Anatomy, Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

No student will receive his degree until he has passed a satisfactory examination in all the above-mentioned subjects. Examinations in all these subjects will be held at the beginning, middle and end of each year.

Students who take the regular course of the School will be divided into three classes according to their time of study and proficiency. Students may be admitted to advanced standing in the regular course; but all persons who apply for admission into the second or third year's class must pass an examination in the branches already pursued by the class to which they seek admission. Students who fail in any subject at one examination may be examined again at the next examination. The regular examinations will be held in the following order:—

At the end of the first year—Anatomy, Physiology and Chemistry.

“ “ “ second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

“ “ “ third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

Students who began their professional studies elsewhere may be admitted to the School and become candidates for a degree without joining the regular classes; such students may take up the subjects which they have not previously studied, in such order as may be thought best, passing the examinations at the beginning, middle and end of each year.

Students who do not intend to offer themselves for a degree, may join the School for one term or more, and pay for instruction in such subjects as they select. Such students will be furnished, without examination, with certificates of attendance.

REQUIREMENTS FOR A DEGREE.—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examinations, and have presented a thesis.

FEEs.—For Matriculation, \$5; for the Year, \$200; for either Term, \$120; for Graduation, \$30; for courses in single subjects, according to the detailed announcement.

☐ The plan will go into operation on Sept. 28th, 1871, but the changes above described will not affect students who have already entered the School, unless by their choice.

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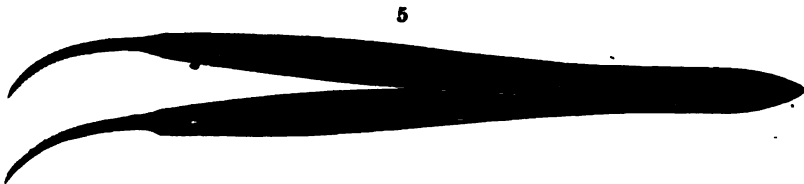
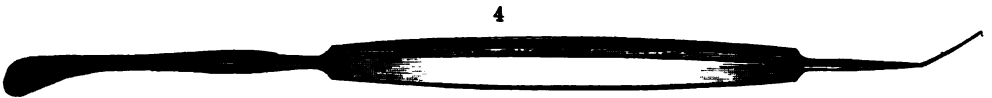
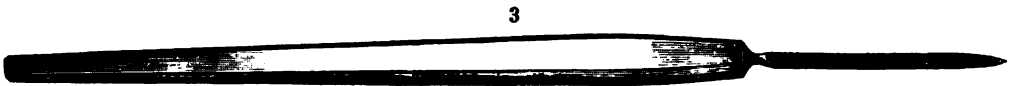
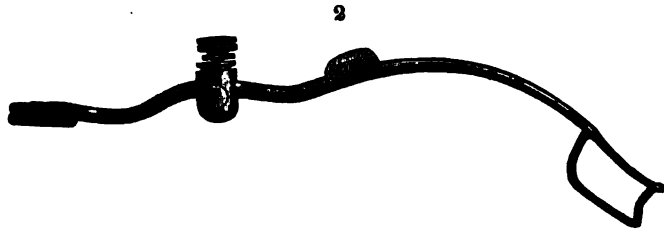
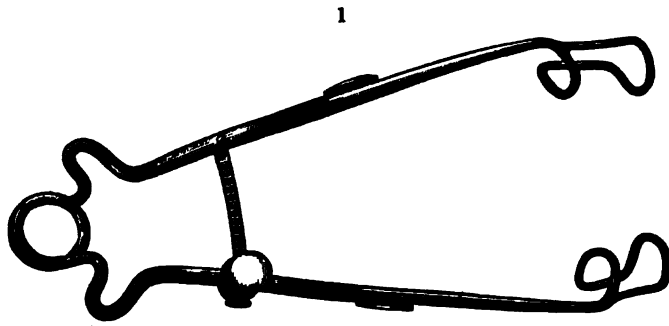
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Feb. 2—copy. ff.



- 1 Speculum.
- 2 Side view of Speculum, showing curve.
- 3 Knife. The line, 5 "" from its point, shows proper length of cut.
- 4 Capsule opener and rubber spoon.
- 5 Capsule forceps.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, JUNE 1, 1871.

[VOL. VII.—No. 22.]

Original Communications.

THE MODERN OPERATION FOR CATARACT.

A Lecture delivered at the Massachusetts Medical College, April 6th, 1871,

By HASKET DERBY, M.D., Lecturer on Ophthalmology, at the Medical School of Harvard University, and Surgeon to the Massachusetts Charitable Eye and Ear Infirmary.

WE detailed with some minuteness, at the last lecture, the method of flap extraction, and showed its superiority over all others that had gone before, for the removal of senile cataract. Its general introduction was, indeed, a great advance for the ophthalmic surgery of the day. The percentage of entire failure was reduced more than one half. Where two or three lost the eye after a needle operation, only one was thus unfortunate after an extraction. In round numbers nine people out of ten thus treated regained useful vision.

Improvement, however, was not to end here. Statistics showed that, in spite of the utmost skill, a certain number of flap extractions failed, ten people in a hundred not recovering sight. Clinical examinations of eyes recently operated on disclosed the fact that want of success was principally due to imperfect healing of the cornea, and inflammation of the iris. Moreover, the after-treatment was tedious and protracted, requiring the greatest watchfulness on the part of the surgeon and nurse, the greatest care and endurance on that of the patient. And thus the leaders of the science were led to cast about them for some other operation that might combine greater safety with an easier convalescence.

Three new methods of operating for cataract, therefore, appeared early in the past decade. The first was put forward by Dr. Mooren, in 1862, and consisted in the performance of an iridectomy, that is in the removal of a segment of the iris corresponding to the apex of the flap, two weeks before the extraction. This was submitted to an extensive trial, and with marked success. It rendered the operation unquestionably safer. For, you

will remember from the last lecture, the dangers of flap extraction lie in—1st, diffuse suppuration of the cornea; 2d, defined suppuration of the same; 3d, iritis. Against the first, iridectomy is powerless. But it modifies the course of the second, and protects in great measure against the third; affording thus, in the aggregate, an important diminution of danger. The great objection to it is that it subjects the patient to the anxiety and shock of two operations, instead of one.

To avoid this, Prof. Jacobson, of Königsberg, proposed, in 1863, the following plan of extraction, and introduced the very important principle, that a cut made in the sclero-corneal junction heals more readily than one carried out in the cornea itself. You are aware that the cornea is set into the sclerotic, not at the very edge of the anterior chamber, but a little within it, just as a watch crystal does not at its edge come square against the edge of the face, but is set into a gold rim that overlies it, rendering it, therefore, possible to pierce the sclera with a knife or needle this side of the rim of the cornea, and yet emerge in the anterior chamber. The part corresponding to the metal edge holding the crystal of the watch is called the sclero-corneal junction. It was in this region that Jacobson made his flap. Having narcotized his patient, he made a lower section, just below the horizontal meridian of the cornea, the line of which in no place invaded its substance. Having removed the lens in the usual manner, a broad iridectomy was made downwards, the object being to remove that portion of the iris most likely to have been bruised by the cataract in its exit, and most liable, therefore, to cause inflammation of the entire structure. The results of this operation, in the hands of its originator, were found wonderfully superior to those of ordinary flap-extraction, while the objections to it were the unfavorable effect on vision of a downward iridectomy, and the difficulties and dangers in the way of excising a piece of the iris after the removal of the lens.

Previous to the bringing forward of either

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of these methods, Schuft (now Waldau) of Berlin, had invented, and, in 1860, published an account of certain instruments for facilitating the linear extraction of cataract, a series of spoons, one of which, introduced through the incision and passed behind the lens, was to hold the nucleus, pressed forwards against the cornea, between its edges, and withdraw it by simple traction.

These instruments, however, turned out to be too large and clumsy for the purpose desired, their introduction doing appreciable violence to the eye. But, in 1865, Critchett and Bowman, the distinguished surgeons of Moorfields Hospital, London, devised scoops or spoons, far better than and preferable to those of Schuft; and, through the articles written and the cases treated by them, scoop extraction, or out-spooning, was raised to the dignity of a separate method. For some time it held its place as the favorite operation at Moorfields, and proved remarkably successful.

In doing the scoop operation, an incision is made upwards, with a broad lance knife, specially made for the purpose, at the sclero-corneal junction, from $4''$ to $4\frac{1}{2}''$ in length. A large piece of iris is removed. The capsule is next opened very freely. The scoop must then be introduced, so as to glide readily behind the posterior surface of the cataract, which, being grasped by the scoop, is to be slowly removed. This latter manœuvre requires great delicacy of manipulation. Especial care must be taken not to dislocate the lens in introducing the scoop, and not to press it so far forward as to injure the iris or cornea during its extraction.

"Thus," says Critchett, in his description of his method, "there suddenly appeared three new methods of operating for cataract, bearing the name of their several champions—Mooren, Jacobson and Schuft; but justice compels me to state that these gentlemen lighted their tapers at the torch of their great master, Prof. von Graefe. Each of these methods had been previously suggested and practised by him, but only in exceptional cases instead of as a general rule."

You will observe that each of these methods differs from flap extraction in one very important respect, namely the removal of a portion of the iris, which in ordinary extraction is left untouched. It is against this "mutilation," as it is termed, that so much outcry has been raised by the opponents of the school of Graefe. And we readily agree with them that a whole iris is better than a part of one, and that an eye on which no iridectomy has been done is a handsomer eye to look at and a slightly

better eye to see with than one on which this operation has been performed. On the other hand, we assert that where the iridectomy is done upwards, and the aperture left thus covered by the upper lid, the unsightliness disappears, and the optical disadvantage is so slight as to be practically not worth regarding. Furthermore, we positively claim that the removal of a portion of the iris leaves an easier passage for the lens, guards against present inflammation, modifies what may occur later, and gives the eye a better chance of recovery. Statistics prove beyond a peradventure that an eye is less likely to be lost after an extraction accompanied by iridectomy, than after one where it has been omitted; and that there are now more cases of cure than before the introduction of this modification.

An operation that should avoid the dangers of previous methods, while combining their advantages, was yet to be discovered; and it fell to the lot of Prof. von Graefe to render this distinguished service to science.

In 1865, the same year in which the articles of Critchett and Bowman on scoop-extraction appeared, he read to the Heidelberg Society, at its annual meeting in September, an account of a new procedure. He spoke of the advantages of the English method of scoop-extraction, and gave a detailed account of the 118 cases in which he himself had performed it, and the results he had attained; and then added that he had entirely abandoned this operation, in spite of the favorable opinion he had at one time formed of it. Reviewing his former studies on the subject of the linear cut, he had hit upon a method which allowed the cut to be executed in a better manner, and gave increased facilities for the removal of the lens. He modestly added, that, having as yet performed it only 69 times, he would only call the attention of those present to it, and ask them to give it their consideration, not presuming as yet to maintain its superiority over other methods, or in all cases.

These 69 operations were performed by Graefe during the last ten days of May and the months of June and July. The heat of the season was unusually intense and long-continued, and all except 8 of these patients were in the public wards of the hospital. Had the proportion of private patients been larger, the results would undoubtedly have been more brilliant. As it was, there were 62 entire and seven partial successes, not a single eye being entirely lost.

A year later, he reported 300 cases of the operation, many of them being of a kind in which flap extraction would have had

either to be preceded by a preparatory operation, or would have been refused altogether. Unripe cataracts, commencing cataracts, simple central opacities of the posterior polar region, lamellar cataracts, cases of granular lids, disease of the lachrymal passage, and even chronic iritis were among them. One man was operated on who was liable to cramp of the facial nerve, so aggravated by touching the eyelid that no preliminary examination of the cataract could be made. One of his eyes was lost, the other saved. Another patient had senile atrophy of the brain, causing raging delirium the day after the operation, and yet regained both eyes. In short, complete success was attained in 94 per cent. of all the cases, completely outstripping the results of flap extraction, and, in view of the unfavorable circumstances that have been detailed, remarkable in the extreme.

In view of all this, as well as of the relatively short duration of the after treatment, and the comparative freedom enjoyed by the patient during its continuance, Graefe now proposed that his method should no longer be a supplement to, but rather a substitute for flap extraction; in other words, that it should become *the* operation for senile cataract.

Prof. Knapp, formerly of Heidelberg, but now of New York, published, in 1867, a statement of one hundred cases operated on by the new method. Of these cases—

2 resulted in loss of vision;
in 13 partial, and
in 85 entire success.

In 1868 he brought out another hundred:—

2 eyes were lost;
in 5 there was partial, and
in 93 entire success.

And in 1869, out of a third hundred—

3 eyes were lost;
6 operations partially succeeded;
91 operations entirely succeeded.

The percentage of total loss being thus shown to be decidedly less than had been found, even by the most expert operators, to be the case with flap extraction.

One of the great objections to this new operation was the loss of vitreous which at first so frequently occurred, and which, as will be seen when we presently describe the method in detail, would seem very likely to take place. After his first labors on this subject had been published, Graefe so much improved his former manner of doing the operation that, in 1867, out of 230 cata-

racts extracted in this manner, he only had an escape of vitreous 9 times.

He christened his method "modified linear extraction" at this time, but exchanged later the word "modified" for "peripheric." The same year (1867), he concluded an article on the operation in the following words:—"As to the general value of this method of operating, the opinion of competent experts has been almost unanimously expressed. It is no slight thing for a procedure, not only new in itself but requiring careful and unaccustomed study, to hold its own against one already in the field, and in which the leading oculists are either completely versed or have acquired an exceptional skill. The most confident anticipations must be exceeded when, after a short interval, the latter is weighed in the balance with the former and found wanting. The kindly communications furnished me by my colleagues, the minutes of the ophthalmic congress recently held in Paris, and the voice of public opinion, show this to be really the case, and that hardly one, who has once taken up the linear knife, has been found to return to the constant practice of flap extraction." He here gives the names of men like Arlt, Donders, Bowman and Critchett, who have followed successively so many different methods of operating, and have found this to best stand the test of comparison, and then adds:—"As every new thing in science has been objected to, so it has occurred that a few voices have been raised against modified linear extraction in its present form. It happens fortunately, however, that, in the present instance, the objections are raised by parties who have no personal experience to go upon, and whom we must therefore beg leave to consider as without the pale of this discussion."

We pass at once to a description of the operation. The instruments required are a speculum, fixation forceps, narrow knife, iris forceps, iris scissors, capsule opener (right and left), and caoutchouc spoon. Sponges, soaking in ice-water, should also be at hand.

The patient may either be in bed or sitting up, the eye to be operated on being nearest the window. As the cut is always made upwards, the operator sits or stands behind the patient for the right eye, and in front of him for the left. But, if fortunate enough to be able to make the cut with either hand, he sits or stands in each case behind him.

Ether has to be used in the great majori-

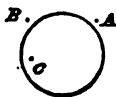
ty of cases, as without it most Americans profess themselves unwilling to submit to a surgical operation. If, however, a patient be calm, collected and courageous, it is much better he should endure the comparatively slight pain without an anæsthetic. For after the preliminary steps have been taken, and we come to the making the cataract emerge from the eye—a thing it is desirable to effect without introducing any instrument—we lose the natural muscular tension which is so valuable an auxiliary, and which gives way, under ether, to complete relaxation. Again, when cortical masses are left behind after the nucleus has come out, it is desirable to get the patient to look down in order to remove them, and to do this he must have his senses about him. In short, while ether and chloroform are in many cases indispensable, they decidedly embarrass a portion of the operation, and are not to be used in those cases where we have entire confidence in the fortitude and endurance of the patient. Their number is unfortunately limited.

The speculum for separating the lids, now shown (Fig. 1),* differs from those previously in use in being more bent, towards the point of union of its branches, so as to lie more closely against the temple, and thus be more out of the way. It has, moreover, projecting plates, which give the fingers a better purchase in applying and removing it, and is made right and left. Fig. 2 shows the line of its curvature.

The fixation forceps are to be applied below the cornea, and from 1" to 1½" towards its nasal side.

The knife (Fig. 3) with which this operation is performed, is peculiar to it. It is, as you see, long and narrow. Originally, a broader one was proposed, but this form has been found to offer, on the whole, the most advantages.

The point of the knife is made to enter the anterior chamber at a point, on the temporal side, corresponding to A, and is not directed in the beginning toward the point of emergence at B, but, in order to make the inner wound all the larger, we push forward toward the point C until the blade has penetrated some 3" or 4" into the chamber. The handle is then lowered and the knife advanced under the edge of the sclera to B, where the counter-puncture is made. When the point has once passed through the sclera, the edge of the knife, which has up to this time been carried in a plane pa-



rallel to the iris, must be inclined obliquely forwards, and the cut completed by pushing forward the blade as far as it will go, and then withdrawing it, cutting all the while. Once freed from the sclera, the knife encounters the conjunctiva, which it carries before it, and which must be divided so as to leave a flap, never more than 1½" in length, and by preference even less, which may serve as a covering.

The point A is to be ½" from the edge of the cornea, and ¾" under an ideal tangent to the cornea at its apex. The point B precisely corresponds. After the counter-puncture the aqueous humor escapes under the conjunctiva, raising it up like a blister. No attention is to be paid to this, but the cut quietly completed according to the directions already given.

If they be closely followed, a wound is obtained from 4½" to 4¾" in length. For very hard and thick cataracts it should measure 5". Let us pause for a moment, in our description of the operation, to consider its geographical position. It was at first thought that it lay in the sclera, and the greater ease with which this tissue was supposed to heal, as compared with the corneal, was pointed out as one of the chief advantages of the new method. On the other hand, the situation of the cicatrix in the sclera was objected to, as likely to cause separation of the retina through its subsequent contraction. Both advantage and objection are based on erroneous premises. Dissection shows that, while the external wound is in the scleral substance, the main body of the cut (wound canal) is three quarters in the corneal tissue, and the inner edge is entirely corneal. The cut is therefore to be regarded as, in the main, a corneal one; and its advantage over the cut made in flap extraction is that, besides being linear, it is made in the *periphery* of the cornea and not in the corneal substance.

After the knife has been laid aside, any clots of blood that may have formed are to be removed with fine forceps from between the lips of the wound. We are then ready to take the second step, to proceed to the excision of the iris, which should be always undertaken by the operator himself.

For this purpose he entrusts the fixation forceps to an assistant, and with the iris forceps gently raises the conjunctival flap, lays it back over and smooths it down upon the corneal surface. The prolapsed iris is now generally exposed, and it is of the greatest importance that no portion should be left behind to heal in the wound, especially at its corners, interfere with its

* The speculum shown is intended for the right eye.

union, excite suppuration, and act as a source of permanent irritation. It is to be seized not in its middle, but about 1" from the temporal corner of the wound, and excised with three or four successive clips of the scissors, care being taken to alter, with each cut, the direction of the blades, making them, as it were, every time tangential to the wound at that particular place. The ordinary curved scissors cannot here be used to advantage, and it is more desirable to employ those that are either straight or bent like a knee at the pivot, the latter being used for the left eye when the operator sits in front. By gently drawing the iris, after each clip, towards the nasal side with the forceps, a sufficient tension is all the time kept up without its being necessary to let it go and seize it afresh. So complete must be the unity of action between the hand that grasps the forceps and that which holds the scissors, that the absolute necessity of having them both belong to the same person becomes clearly manifest.

The fixation forceps are now to be again taken by the operator.

You are aware that the iris is made up of two sets of fibres, sphincter and radiating, the former contracting and the other dilating the pupil. As has been stated, it is of extreme importance to prevent any portion from healing in the wound made for the exit of the cataract, and it is at this stage of the operation that efforts in this direction are most availing. Sometimes the edges of the cut seem perfectly free; if, however, a portion of the sphincter is found to protrude at either extremity, or even to lie in close apposition, it will get so jammed in during the passage out of the lens as to render its reposition a matter of extreme difficulty. Now, if ever, is the time to replace it. And this is best effected by taking the hard rubber spoon, attached to the other end of the (Fig. 4) cystitome, wetting it, and rubbing with it the surface of the eye-ball, commencing a little on the scleral side of the corner we are working on, and making passes towards the centre of the cornea. The convex surface of the spoon should, of course, be used. It is thus often possible to smooth out the fold of iris lying in the wound, as also to excite contraction of the sphincter and thus retraction of its corner.

Although it is not always possible to prevent the incarceration of a portion of the iris in the wound, the frequency of its occurrence will, by following these directions, be very much diminished, and the success of the operation proportionately increased.

Bleeding into the anterior chamber may

proceed either from the divided conjunctiva or the cut edges of the iris. It interferes seriously with the next step, the opening of the capsule. For, unless the operator clearly sees what he is about, he may dislocate the lens on the one hand, or make an insufficient cut in the capsule on the other. It is therefore desirable to clear the blood out of the way. Gentle pressure on the eye with a sponge will often check its flow, after which slight pressure on the scleral edge of the wound will give it a chance to run out. If, however, it still continues to be poured out, the best way of checking it is to apply to the eye a soft sponge dipped in ice-water, changing it from time to time as it loses its coldness.

When the surface of the cataract once more becomes visible, it is time to incise the anterior capsule. The cystitomes (Fig. 4) used for this operation are, as you see, so bent as to be adapted each to one eye only, and are to be introduced in the manner described in the operation of flap extraction. The capsule is to be freely opened in various directions, and well out to its edge. Slight pressure on the bulb with the fixation forceps, at this time, puts the capsule well on the stretch, and makes it possible for the tooth of the cystitome to penetrate it more effectually.

Should there be a capsular opacity, the forceps shown in the drawing (Fig. 5) are to be used for its removal. They are to be introduced obliquely, one branch in front of, the other through the capsule behind the opacity, then closed and the included fragment of capsule torn away.

All is now prepared for the removal of the cataract, which is to be made to escape from the eye in the following manner: The speculum, it will be remembered, is still in place, and with one hand the operator controls the position of the eye-ball by means of the fixation forceps, which have not been removed. They grasp the conjunctiva below the lower edge of the cornea, and from 1" to 1½" inward from it. The hard rubber spoon is now to be taken in the other hand, and its convex face applied directly against the lower edge of the cornea. It is then to be turned on its axis in such a way that the bowl of the spoon is turned half up, and the part of the back nearest its upper edge is brought gently to bear against the lower part of the cornea. The spoon thus held and exerting a steady pressure is made to glide along the lower edge of the cornea, giving an upward impulse the while, over the space of about ¼". In consequence of this the wound opens

and the upper edge of the cataract advances to its margin. Pressure with the spoon is now made toward the centre of the eye, but as the cataract emerges, more and more directly upwards, until, chasing the cataract before it, it slides up over the corneal surface, itself the while almost a tangent to it.

This manoeuvre must be seen, to be fully understood and appreciated. I have given the account of it as nearly as possible in Graefe's own words.

When the cataract has once presented itself at the edge of the wound it can be assisted in its passage out, and when more than half has come through the rest can be made to follow by directly laying hold of it with the spoon. It is, however, better to resist the temptation to remove it in this manner, and to follow it up, step by step, from the lower edge of the cornea till the last particle has emerged. The leaving behind of cortical substance may thus most satisfactorily be avoided.

It is of extreme importance, adds Graefe, to keep pressing perpendicularly against the cornea until the cataract is brought up and into the wound, and then, and not till then, to press upwards. If this direction be disregarded, cortical substance is very apt to become detached and left behind.

When, in spite of these precautions, cortical masses have remained behind, their removal must, if possible, be effected in the same manner. Should they resist this, the fixation forceps and speculum must be removed, and the patient left alone a short time, till the effects of the anæsthetic have in part passed away, and a slight amount of aqueous humor recollected. He must then be directed to look down, and gentle pressure and counter-pressure applied with the tips of the fingers, through the lids, as in the case of flap extraction, until the pupil appears black and clear.

We now come to the very important subject of after-treatment. We fortunately possess a short article of Graefe's on this point, written a few months before his death, and embodying all the results and deductions of his ripened experience. It is in substance as follows. And it may be well here to observe that Graefe's inducement to prepare it was, in large part, the fact that his own cases of cataract thus treated did so much better than those of other leading operators.

The edges of the wound being well in contact, and all coagula removed from their vicinity, the eye is to be gently closed, no atropine being now used. The bandage is to be applied in the manner described in

the last lecture, a circular piece of soft linen being first laid upon the eye, little tufts of charpie then evenly distributed so as to fill the orbital cavity, and the flannel roller finally passed thrice around the head and thrice over the eye, each ascending fold overlapping its predecessor and being carefully adapted to the equable support of the entire surface of the bulb. The charpie must be selected and of uniform fineness. It must be so applied that the hand, passed over its surface, fails entirely to appreciate the prominence of the bulb, and that slight pressure upon it causes no sensation of pain. For the object of the bandage is, as you are well aware, to hold the edges of the wound in exact contact, and to maintain the conjunctival flap in close apposition with the surface of the sclera. If, now, we follow the example of many careless surgeons, and take only a single turn of the roller over the eye, which chances to exert more pressure on the lower half of the bulb and on the middle of the cornea than on the wound, we shall get just the reverse of what we desire to effect—the wound will gape and the conjunctival flap be raised. The other eye is to be closed with isinglass plaster.

Another capital mistake is leaving the bandage undisturbed for several days, when no pain is complained of. It should be removed the evening of the operation, and again on the succeeding morning. After this it may be changed once in twenty-four hours. When the first change is made, traces of blood, tears, conjunctival secretion, possibly remains of cortical substance, will be found on the patch of linen next the eye; and it is readily conceivable that such a mixture, if left undisturbed, might decompose and become a source of infection to the eye itself. Graefe advises, on first removing the bandage, that the upper lid be gently raised and a hasty glance taken at the lower part of the cornea, by the aid of a single candle. He does not yet recommend the exposure of the wound.

Graefe protests against a certain apathy with regard to the after-treatment of cases that do not seem to be doing well, which he has even seen evinced by some of the leaders of the profession. He believes in meeting the earliest indications with an energetic plan of treatment; and advises that particular attention be given to the least indication of pain, in the region of the wound, that does not appear to be a necessary concomitant of its union. Sometimes, no pain follows the operation. It should never be so severe as to keep the patient

restless or prevent his sleeping, nor should it take on a rending, burning, or darting character. If it does, a subcutaneous injection of morphia is to be made on the temple. Should the pain, in spite of this, continue, the bandage is to be removed, and the lids bathed for a few minutes with a soft sponge dipped in cold water.

The pain in the wound should begin to decrease after the third hour. Should it not do so, the same rules are to be observed.

After the sixth hour there should be no continuous sensation in the eye that has been operated on. A slight pang, when the patient attempts to move his eye under the bandage, need not of course be regarded. If, however, there be a continuous sensation, the bandage should be changed; if this prove insufficient, a morphine injection is to be made. There are a good many people who, realizing the importance of an operation for cataract, expect as a natural consequence a certain amount of pain, and nerve themselves for its endurance. This idea should be summarily dispelled, and warning be given that any enduring sensation in the operated eye, whether it involve much or little pain, is an evidence that something is wrong, and its existence is at once to be made known. A second injection of morphine may be made if necessary, or, if the patient is full-blooded and his circulation excited, four to five ounces of blood may be taken from the arm.

Too much stress cannot be laid on the importance of a good night's sleep following the operation. It is well to give the patient a dose of castor oil the day before, the effect of subsequent narcotics being thereby rendered more uniform as well as sure. The evening of the operation chloral may be administered, care being taken that a German preparation, by preference Liebreich's, be used. The best vehicle for its administration is the syrup of allapice, *syrupus pimentæ*. Graefe was in the habit of giving from seventy-two to ninety-six grains at a dose in ordinary cases; while with people of intemperate habits he found at least two drachms necessary. Should the first dose prove ineffectual, he would give to the former class twenty-four, to the latter forty-eight grains more, four hours later. If injections of morphine had already been made to relieve local pain (from one-sixth to one-fifth of a grain in amount), with good effect except as far as inducing sleep was concerned, he would give ordinary patients forty-eight grains, drinkers from seventy-two to ninety-six grains of chloral in addition.

As a general rule, the reaction in the wound takes place between the twelfth and the twenty-fourth hour succeeding the operation, in the majority of cases between the fourteenth and eighteenth. If all is going on well, not the least pain should be experienced. But if, towards the end of the first night, or towards morning, any decided sensations are felt, they are to be carefully noted, inasmuch as this is the most critical moment. Though the hour for changing the bandage has not arrived, it should at once be removed, and the condition of the eye investigated. The wound itself need not be examined unless there is an increased secretion of tears, swelling of the lids, chemosis, or diminished lustre of the cornea. It will be sufficient to gently wash the lids, renew the bandage, and, in extreme cases, to inject a little morphine. If, after this, the pain persists, at least four ounces of blood are to be taken from the arm. If the lower layers of charpie are wet, if the upper lid is swollen, and if the fold of linen in immediate contact with the eye is covered with much secretion, suppuration of the wound is imminent, and active measures must be resorted to. The lids are to be carefully washed, and their cutaneous surface then brushed over with *lapis mitigatus* (a crayon of one part nitrate of silver and two parts saltpetre), washed immediately afterwards, first with salt and water, then with cold water, and thoroughly dried. The bandage is to be replaced in the *constrictive* form, which has already been referred to, four turns being taken over the eye, the second and third of which are drawn particularly tight. If the patient is tolerably plethoric, six ounces of blood are to be taken from the arm, and half an hour later an injection of morphine is to be made on the temple. Soon after the bleeding, a cathartic powder of calomel and rhubarb is to be administered; if in ten hours no defecation occurs, a dose of castor-oil should be given. When the patient is not particularly strong the venesection may be omitted, and only a small dose of calomel given.

Such energetic measures as the foregoing have been severely criticized, and will in all probability be for some time condemned by a portion of the profession, who see in them a return to the errors of a past generation. Innovations on the established order of things are always sure of meeting with a resistance which thinks more of being energetic than reasonable, the adherents of which are largely drawn from the class of routine practitioners. Ask anyone you hear objecting to and criticizing this treat-

ment, whether he has ever tried it himself. And hear the words of a clear-headed, conscientious and sincere observer. "When these measures are taken in season, we often see, at the next change of the bandage (which, under such circumstances, should not be delayed more than six hours), an entire retrogression of the unfavorable symptoms, and the case resuming its normal course."

Suppuration of the wound is ordinarily ushered in by pain, but with some patients no such warning is given. This illustrates the importance of renewing the bandage at the time of the period of reaction, even if all seems to be going on right, as we may otherwise find that the favorable period for treatment has passed away. In such cases, Graefe lays special stress on the thorough cauterization of the cutaneous surface of the lids, on the constrictive bandage and the cathartic powders. The morphine injection is to be omitted, if pain is wanting, while venesection is only to be resorted to when the patient is strong and has a full pulse. Bloodletting is, indeed, only to be advised during the short initial period, it being of no value when the suppurative process is fairly under way. As regards leeches, in cases of threatening suppuration, their application to the temple does positive harm. If placed behind the ear they are less dangerous, but annoy the patient considerably. The most potent remedies during this period of reaction are the cauterizations and the constrictive bandage, which are to be renewed every six hours. In the case of patients where health is much reduced, quinine should be given in addition, its administration being preceded by a cathartic.

Anomalous symptoms during the subsequent treatment are apt to be dependent on partial suppuration of the wound, with its usual accompaniments. If gastric irritation be present, an emetic should be given on the second day, and the compressive bandage and cauterizations of the lid continued. Warm fomentations are to be used between the applications of the bandage, but are not to be left on for more than from quarter to half an hour at a time, and are entirely to be desisted from if their employment be attended by swelling. Graefe mentions that he was formerly in the habit of using these warm aromatic fomentations more freely, and still considered them of the utmost value in cases of transplanted iritis and the like.

The food administered should vary in accordance with the strength and habits of

the patient. His bill of fare should, on no pretext, include articles that are entirely novel or absolutely repugnant to him.

The after-treatment should be largely based on the habits and circumstances of the individual, the principles that have been enunciated being those that are generally applicable. Neglect in following them lies at the door of many a failure.

I have given you an almost literal summary of Graefe's views as regards the treatment after the operation for cataract, and will conclude in his exact words. "I have simply insisted on the principles," he says, "which in general seem to me to best ensure the success of the operation, and a neglect in following which may be made to explain many a disastrous case. Anxious vigilance need only be exerted for a few days. The fact that a human being's whole happiness depends on the result serves to whet our energies. And, after all, how infinitely shorter is the period of anxiety and care, than was the case with the old method! If twenty-four hours have passed away without any premonitory symptoms of suppuration of the wound having shown themselves, and if constant care be exercised, there is nothing more to fear. After three or four more days have elapsed without any untoward occurrence, we have merely to exert ordinary care and instil atropine, the application of which is not to be advised before the third day, unless cortical masses have been allowed to remain. If the conjunctiva stands it, and the patient has not an eye constantly kept on him, I keep the bandage on up to the end of the first week, for fear of injury. And the process of leaving it off must, instead of a sudden, be a very gradual one, the application being at first discontinued for only a few hours at a time. Even in the winter season, the most of my patients are discharged before the end of the second week."

This concludes, gentlemen, the description of the modern operation for cataract. We have traced the various ways devised for the removal of this disease, have examined into the principle on which they are based, and have witnessed the manner of their performance. Finally, we have applied to each the touchstone of relative success, and have seen why one has followed the other, and why method has succeeded method, in the earnest attempt to eliminate the various causes of failure. The end is not yet, but it is to be hoped that all will agree that, up to the present time, no operation has taken the field that gives a patient, blind with cataract, the same chance

of recovering his sight as the one we have to-day studied.

[An analysis of sixty-one cases of cataract, operated on by the method of Graefe, will appear in a future number of the JOURNAL.

H. D.]

OBSTETRICS IN VIENNA.

(Concluded from page 349.)

By these tables it will be seen that, in the years 1861 and 1862, the death-rate was materially increased. This was due to an epidemic of puerperal fever, which broke out in the hospital, and as its history may prove interesting, on account of its being the last one that has visited the institution, I have translated the subjoined sketch.

"In the first half of the year 1861, the rate of mortality was moderate. In the summer of the same year, a few wandering cases of erysipelas occurred. In October, however, a large number of patients were attacked with puerperal fever, and from this time, until the abatement of the epidemic, the mortality was very great.

"At the time the disease first made its appearance, there was no over-filling of the wards; cleanliness was particularly cared for in every respect; the drainage was good, and the ventilation, by means of open windows, was well regulated. The patients attacked were immediately transferred to the sick wards, which are quite remote from those of the other subdivisions; the mattresses were thoroughly cleaned and aired daily; every ten days the wards were completely emptied, and during twenty-four hours allowed to air; the strictest rule was observed in regard to the practice of but twelve praktikanter in the wards, and the regular midwives were not permitted to touch the sick.

"In spite of all this care, one-fifth of the pregnant women admitted into the first clinic during the last week of October, 1861, were attacked with puerperal fever.

"Of the 346 patients delivered in this clinic during the above month, 50 were taken sick with the disease, of which number 25 died—22 in the last week alone.

"The mortality became so great in November, that the students were forbidden to make any vaginal examination; no operative course was given; practical instruction was suspended; none but the regular corps of midwives attached to the wards were employed; the puerperal patients, as soon as attacked, were transferred to the

general wards of the hospital; powerful disinfectants were used to purify the air of all the rooms, and the midwives and accoucheurs compelled to wash their hands, both before and after an examination, in a solution of hypermanganate of potash.

"Notwithstanding all these precautions, the mortality in the first clinic during the month of November was eight per cent. of all those delivered, or ten per cent. if we reckon those who died after their transfer to the general wards on being attacked with the fever. This percentage was four times as large as in the four years first preceding, when only soap was employed to wash the hands, and the practical instruction carried on uninterruptedly.

"In the second clinic, of the 278 women who were delivered, nineteen per cent. died, or fourteen per cent. in the clinic itself, and five per cent. in the general wards, after their transfer. During this period, the attending physicians made no *post-mortem* examinations, nor once visited the dissecting-room.

"In December, 1861, a few praktikanter only were permitted to come into the wards; examinations of the patients were very sparingly made, and the potash solution most conscientiously used for washing the hands.

"During this month, seven per cent. of the patients in the first clinic died, and six per cent. of those transferred from it to the general wards—or a total of thirteen per cent.

"In January, 1862, the mortality in both clinics remained quite large, but after this month, the death-rate began gradually to decrease."

In reviewing the history of this epidemic, Prof. Braun arrives at the following conclusions:—

"Practical instruction, during the month of November, at least, could not have contributed to the unfavorable condition of the wards, since, during this period, no student was allowed to make any examination.

"Chemical disinfectants afforded no certain protection against the spread of the disease, the mortality remaining very large during the months in which they were so faithfully employed.

"The wards, designed for the instruction of the students, were not more heavily visited than those in which none but the women practised.

"No cause whatsoever could be assigned for the great prevalence of the disease, though many facts go to prove that influ-

ences at work outside of the lying-in hospital were also effective within its walls in producing this epidemic.

"Of those patients in the first clinic, who died of puerperal fever, during the month of November, thirty-eight per cent. were attacked during pregnancy, and forty-one per cent. were delivered prematurely, nearly all having been but one day in the hospital before their confinement.

"Of the 130 fatal cases, occurring during the months of October, November and December, 1861, after the patients attacked had been removed from the first clinic to the general wards of the hospital, sixty-five per cent. had remained but one day before delivery in the lying-in wards; eight per cent. one week, and thirteen per cent. from two to six weeks. A longer stay in the obstetrical department seemed not to be detrimental.

"Febris ante Partum occurred, in the above mentioned months, in four per cent. of those delivered, in twenty-three per cent. of those attacked with puerperal fever, and in more than twenty-per cent. of those who died. So that in one in every five of those who died, and one in every four of those who contracted puerperal fever, fever set in before their delivery."

The great cause of the present healthy condition of the wards is due to the excellent system of ventilation which was introduced into the hospital during the summer of 1863. Of its efficiency, the following statistics will convey an adequate idea:

From the beginning of the year 1830 to the end of 1849, 59,088 women were delivered in the wards of the first clinic, of which number 4583 died, or 7.75 per cent.

From the commencement of 1850 up to October, 1863, 57,345 women were delivered in the same clinic, of which number 1961, or 3.46 died.

From October, 1863, at which time the present system of ventilation went into operation, until January, 1868—a period of four and a quarter years—there were delivered in the first clinic 20,554 patients. Of these, 205 or 0.99 per cent. died of puerperal fever, and 70 or 0.34 per cent. from other causes—a total of 1.33 per cent.

So that since the wards have been thoroughly ventilated, there has been a mortality in them of 64 out of every one thousand less than in the period from 1830 to 1850, and 21 out of every thousand less than in the period from 1850 to October, 1863, and this too notwithstanding that the number of students practising has if anything increased.

In general, the highest rate of mortality in the obstetrical wards, has been found to occur in those years in which epidemics, such as cholera, smallpox, &c., prevail in the city, and in those months in which the greatest number of patients are admitted into the whole hospital; that is, the mortality follows the rise and fall of disease elsewhere.

In reviewing the whole system of European Obstetrics, we cannot help being struck with the great difference that exists between this system and that which is employed in our own country. The difference lies almost wholly in the fact, that in America there are in general lying-in hospitals such as are found in all the chief cities abroad.

Without entering upon a consideration of *all* the advantages to be derived from the establishment of such institutions in our own country, I cannot refrain, before closing this article, from drawing attention to what has undoubtedly suggested itself to the minds of many American physicians, viz.: the great want of practical instruction in our present system of obstetrical education, which the creation of lying-in hospitals could certainly supply.

In no country, pretending to give a good medical education, is the study of obstetrics so loosely and imperfectly pursued as it is in our own. An American medical student, after three years of nominal study, presents himself for examination, and after answering a few general questions, which we might expect any school-boy, with a good memory, to be able to answer, is sent out to practise, with a guarantee in the form of a diploma that, among other qualifications, he is fitted to attend all cases of obstetrics. But what is the truth? The newly created medical man is summoned to attend a woman in her confinement, to whom he goes without, perhaps, ever having seen a woman in labor, and, for this reason, without having a very clear idea of what he is to do, even in a normal case, much less in the event of a complication arising. Arriving at his patient's house, he is brought into the presence of so much suffering that he must, indeed, be gifted with an extraordinary amount of self-reliance if he does not feel that this previous lack of practical instruction has rendered it almost culpable in him to undertake the responsibilities of the case. If the case presents any abnormal features, he is obliged, in many instances, to send for an older physician, who has undoubtedly gone through the same experiences as himself.

thus causing a delay which may prove injurious both to the mother and to the child. Whatever may be the character of the birth, it is very fortunate for him that Nature, who is always the best accoucheur, does not depend *entirely* upon the present system of obstetrical education to bring about a successful delivery, otherwise, not only he, but also many an older obstetrician would have it to reflect that they had caused a great amount of unnecessary suffering, or it may be the actual death of their patients. As it is, I have no doubt that not a few women bear with them, through life, some painful affection—the result of too much theory, and too little practice.

In all other branches of our profession we receive both a theoretical and a practical education, and there is no reason why similar advantages should not be extended to us in obstetrics, in which branch we know actually less when we graduate than a German midwife, who is obliged before she commences to practise to have delivered a certain number of patients. We, on the contrary, may deem ourselves extremely fortunate if, when we enter upon the duties of our profession, we have previously, as students, attended a single woman in her confinement. It would indeed be considered highly presumptuous if a medical man were to undertake a surgical operation without at least having seen one performed, or to attend a case of fever without some previous clinical knowledge of the disease. And yet in obstetrics we are expected, without any practical experience, to meet all the emergencies which may arise in our attendance upon a lying-in woman, and if we fail it is at the expense of our professional reputation. Is this just either to the community or to the medical practitioner?

I recognize fully the amount of popular prejudice which exists against any clinical instruction in obstetrics, but if the community expects a physician to do justice to its members, it, in turn, must vouchsafe some justice to him, and allow a thorough education to be given in one of the most important and at the same time one of the most sacred branches of the profession. That an open clinic, such as has been described in the course of this article, could not be established in our country, I am fully convinced; but I am as thoroughly convinced that popular prejudice could be overcome to the extent of allowing lying-in hospitals to be established, in which the medical student could receive the practical advantages which, under the present system, is denied to him.

All objections to the establishment of such institutions, on the ground that the condition of the patients might be vitiated by allowing the students to practise in the wards, ought to be entirely removed by a perusal of the statistics of the Vienna Hospital.* With the removal of these objections, no good reason exists why lying-in hospitals should not be created, and their doors opened to the students of obstetrics; particularly since this much needed reform would serve to elevate the standard of our medical education, and also verify to the community, what a medical diploma now falsely sets forth, viz., that its recipient is fully able to assume *all* the duties of his profession.†

Reports of Medical Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY. REPORTED
BY F. W. DRAPER, M.D., BOSTON.

THE Society met April 29th, the President, Dr. G. H. Lyman, in the chair.

Prof. J. B. S. Jackson exhibited a calculus, ovoid in shape and of the size of a large English walnut, which had been removed from the bladder of a female by dilatation of the urethra, without the use of the knife. The functions of the bladder and urethra were restored fully after five months.

Prof. Jackson also exhibited a urinary calculus whose nucleus was a shoe-lacing. It occurred in the practice of Dr. Brown, of Bangor, Me.

Dr. Fitz presented a specimen of cystic disease of the kidneys. The organs were removed from a patient who had died after convulsions consequent on meningitis and

* In a period of eleven years, from the commencement of 1850 to the end of 1860, the mortality in the wards of the 1st clinic, in which the students receive their clinical instruction, was but 0.3 per cent. higher than in those of the 2d clinic, in which none but the midwives are allowed to practise.

† The author says, in a note to the Editor:—

“As you will observe, I have gone much into detail, since, in desiring to add my mite to the endeavors which I understand are being made to establish lying-in wards in connection with our hospitals, I have desired to give a description of a very perfect system, which might serve as a starting point for the foundation of a similar system in Boston.

“No physician, and especially one who has visited Europe, can avoid the recognition of the fact that we in America are lamentably deficient in obstetrical knowledge. It is therefore time that this evil should be removed, and that the physician who cannot visit the foreign schools to perfect his education should have some of the advantages at home that his more fortunate brethren derive from a course of study abroad.”

inflammation of the mastoid cells. There were no symptoms indicating renal disease.

Both kidneys were diseased. They were considerably enlarged, and, as it appeared, entirely transformed into a mass of cysts of varying size, the largest being of the size of a hazel nut. Dr. Fitz remarked that no normal renal tissue appeared to be left, and it was marvellous that the functions of the organs should have been performed at all.

Prof. Jackson remarked that of a considerable number of cases of the kind which had come under his observation, only one had presented urinary symptoms; in that exceptional case there was great thirst, with diuresis and albuminuria. The disease attacks both kidneys alike, as in the present instance. In young children the cysts are small, and the kidneys appear like the enlarged ovaries of frogs filled with ova. In some cases the kidneys become so large as to present tumors which may be felt and seen externally. He had never observed any intermediate steps of degeneration, the transformation of the organs being entire. From his own observations, he was inclined to the belief that the disease was a congenital one.

Dr. Fitz said that the microscope showed the presence of fibrous tissue about the Malpighian bodies, and the tubules contained some hyaline casts. He remarked that a distinction was to be made between this complete degeneration and the not infrequent formation of isolated cysts in the cortical substance of the kidney.

Dr. Swan said he had seen one case in which the change was partial, one third or one quarter of the kidney having undergone the cystic degeneration, while the rest of the organ consisted apparently of normal tissue.

Dr. Chenery exhibited a uterine polypus which, at the menstrual periods, had acted as a valve over the *os internum*, effectually obstructing the discharge and causing great distress until the spasmodic uterine action overcame the obstacle.

Dr. Damon read the history of a case of sudden death from fatty degeneration of the heart.

Dr. Jeffries reported a case of herpes zoster frontalis, and exhibited the plates of Hebra illustrating the disease. He described its characteristic symptoms and emphasized its intractability, persistence and intense neuralgia as sufficiently distinguishing it from erysipelas with which it is sometimes confounded, especially in the early stages. The eruption follows the distribution of the supra-orbital nerve. Coincident

iritis is not infrequent. Dr. Jeffries believed section of the supra-orbital nerve to be the only effectual measure of relief.

Dr. Williams confirmed the observations of Dr. Jeffries, and had himself recently had two cases illustrating the symptoms alluded to, the continuous and intractable neuralgia being especially marked. In one case, the disease had been mistaken for erysipelas, and remedies applied accordingly before it was seen by Dr. Williams.

Dr. F. H. Brown exhibited the apparatus described in the JOURNAL of March 9th, for the diffusion of disinfecting fluids by means of the ignition of spongy platinum.

Dr. Webber related notes of an autopsy of a patient, who, during the last days of his life, had suffered from repeated attacks of hæmatemesis. The liver was found to have undergone cirrhosis. The stomach contained three pints of coagula; its mucous membrane was unbroken, but in the pyloric portion it was congested and there were numerous ecchymosed spots from which the hæmorrhage appeared to have proceeded.

Dr. Spring reported a case of angular curvature of the spine in a girl of 14, the peculiar feature being that at the point of curvature the tissues seemed to have sometime undergone erosion, leaving a deep, star-shaped cicatrix, suggesting the destruction of the transverse processes of the vertebrae at that point.

The Society adjourned.

Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 1, 1871.

REVACCINATION.

THE medical profession in England have been recently very much exercised on the subject of vaccination. The sad experience of the French in the smallpox epidemic a year ago, and the apparently rapid extension of the disease in the cities and towns of England, revive old questions and opinions which for a number of years have not been discussed on account of the comparative infrequency of the disease. For the four weeks ending April 29th, the number of deaths from the disease in London have been 215, 265, 276, 288 respectively. In a district in Islington, in a lim-

ited area of little more than one hundred yards, in two or three weeks, no fewer than 41 cases occurred; and, of these, only six were removed to the hospital. The registered mortality from smallpox also shows an increase in Liverpool, and various occasional items in our English exchanges announce the spread of the disease in various parts of the British Isles.

It is naturally to be supposed that the deaths occur in that part of the population unprotected by vaccination or inoculation. We may suppose this class to be much larger in England than with us, and violent opposition is constantly made to the attempts of Government for the protection of the people. Only a week or two ago, a man in Derby was committed to prison for having refused to pay a fine for non-compliance with the Vaccination Act. A branch of the "Anti-Vaccination League" decided upon getting up a procession on his release, and ten thousand people joined in the demonstration. A public meeting was held shortly afterwards, and lasted for several hours.

Very naturally the subject of revaccination is freely discussed in the societies and journals. In the Surgical Society of Ireland, Mr. Moore recently communicated a paper which called forth an active debate. He referred to the observations of Dr. Seaton, who insists on a more careful and more universal vaccination. He regards revaccination of adults as indispensable, as much of the earlier vaccination was imperfect, and because it was probable that, in a certain portion, susceptibility to smallpox returned after a certain age. In the present epidemic, Dr. Seaton states that the vaccinated have died in larger proportion than has been customary, and so have the unvaccinated, a fact due to the greater variolous influence. Dr. Grieve, speaking of 800 cases of smallpox at the Hampstead Hospital, from 1st December, 1870, to 18th February, 1871, says that "of the 800 cases, 591 had been vaccinated, 209 not. Of the former, many had been very imperfectly vaccinated. * * * He believed that very few unvaccinated persons reached above forty, without being attacked by smallpox. Vaccination, where it did not

actually ward off smallpox, lessened its virulence, rendering it milder and more manageable. Of the 591 vaccinated, 9.8 per cent., and of the 209 unvaccinated, 45 per cent. had died. The average duration of the disease was, in the vaccinated, twenty-four, and in the unvaccinated cases, thirty-five days."

Dr. Trayer, from a very extended experience; considers revaccination the only means of ascertaining the protection retained from the primary operation; generally, the protective influence is in direct proportion to the shortness of time since its performance. As to the question of revaccination, Dr. Moore says, "I regard it not only as necessary in the present state of the world, but, in common with the authorities in most civilized countries, who insist on it in their armies and navies, I believe a nation neglecting it neglects one of the first principles of self-protection." In closing the discussion at the meeting of the Surgical Society, Dr. Kenedy said that "the variety of opinion which had been expressed convinced him that the question was still an open one. Many of the speakers caught at no argumentative line, but stated their calm and deliberate observations, and gave the results as they had occurred to them. It was from the accumulated observations and experiences of such men that a sound conclusion on the question was to be arrived at. There was one fact which had been apparently forgotten in the course of the discussion, viz., that one affirmative proof outweighs a host of negative evidence. If there was one case of smallpox occurring after vaccination, the question was an open one for revaccination. * * * One gentleman did not see any necessity for revaccination, because he had never seen any case of smallpox after vaccination; but others had seen cases repeatedly, and with serious and even fatal results. The necessary conclusion from the observations of the latter was that vaccination was only a partial protection. There was a protective influence as far as it went; but he had no doubt from what he had heard in the course of the debate that the protective influence wears out, and that it could be renewed. * * * He thought that when-

ever persons were exposed to the risk of contagion, they ought to be revaccinated; and he considered the man culpable who did not give his patient the advantage of it when he knew its efficacy." Our English non-professional exchanges at this time are filled with articles and discussions on smallpox and vaccination, as were the French papers during the last summer; and the *Times*—that last resort for the woes of all distressed Englishmen—has been "written to" by professional and non-professional persons. We have before us a series of letters addressed to the *Times* by Surgeon-Major Atchison, a well-known Indian medical officer, who makes the very sensible suggestion to care for the patients, suffering from smallpox, in tents and sheds. We are glad to know that the plans for smallpox encampments have been well received by municipal bodies, and that the practice is being carried into effect in many of the towns of England.

The discussion of such topics as the thorough ability of vaccination to protect a person against smallpox, of the duration of its influence and the necessity for revaccination, must show us that a decision in the matter can only be approximated, never reached; no experience can actually prove the question, and all theory must be based on strictly arbitrary grounds.

For instance, a few years ago, nine medical students nursed a fellow-student—who had been deserted by his family and friends—and who subsequently died of confluent smallpox. All of these had been vaccinated, and all bore satisfactory cicatrices on the arm. One contracted varioloid; the rest escaped. Vaccination, therefore, though usually a protection, is not always so; and smallpox itself does not necessarily give protection against its reappearance.

One person, at the end of a series of years, shows himself susceptible of revaccination; another not. Can it be proved that the former could have taken variola, the latter not? In a family of five persons, revaccinated by us as carefully as possible, some years ago, no result ensued. They were all apparently protected by previous vaccination, of which they showed well-

marked cicatrices. One child subsequently had varioloid; the remainder escaped.

One person has a good mark on the arm, but receives a revaccination; in another the cicatrix has disappeared, but repeated attempts at revaccination fail. In the case of the medical student named above, vaccination had been attempted in his infancy and many times afterward without success, and he believed himself insusceptible to vaccinia and also to variola. He visited the smallpox hospital at Rainsford Island and contracted the disease, of which he died.

The lymph from a revaccinated arm will generally produce a vaccine vesicle on another person, but we cannot say therefore that it will surely give immunity.

We cannot, therefore, avoid these conclusions in looking at the subject of vaccination. That in a very large proportion of cases vaccination is a thorough protection against smallpox, but not an absolute one. That in a large proportion of cases the influence of vaccination apparently continues through life; in others not. That the presence of the vaccine mark is a sign that the person *has been* vaccinated, but not necessarily of his absolute protection; its absence is not a sign of his susceptibility to smallpox. The operation of revaccination is, in a very large proportion of cases, unattended by danger or inconvenience to the patient. An occasional case arises where local or general trouble is experienced, and this one of a thousand cases is seized on by the opponents of revaccination as an argument against it. So may a man die of a paltry scalp wound; in like manner an amputation of a finger may result fatally; or death may follow and seemingly be the result of an insignificant dose of medicine. This risk, it seems to us, can hardly be advanced as an argument against revaccination; but the *chance* of saving our patients from a loathsome disease should lead us to adopt it, certainly at periods when they are unduly exposed to contagion.

DR. BRADBURY (*Brit. Med. Journal*) employs hydrate of chloral in fifteen-grain doses at night for nocturnal emissions.

THE DISCUSSION ON THE FEMALE PHYSICIAN QUESTION IN THE AMERICAN MEDICAL ASSOCIATION.

(Concluded from page 355.)

EVENING SESSION.

Dr. Stillé called the Association to order at 8 o'clock, and read the original resolution proposed by Dr. Atlee.

Dr. Storer, of Boston—Before a vote is taken, I desire to say a few words. And first I wish to repeat, in the most decided language, what I thought I said distinctly enough this morning—that my remarks with reference to the President of the Medical Association were without the slightest personal reference; that I entertain, and have always entertained for him, personally, the most profound respect. I supposed that this was distinctly understood by every man in the hall this morning, and by the President. I understand, however, that, in regard to the last gentleman, I was wrong; and I now repeat my statement, and if that is not sufficient—if he thinks it is not sufficient—I now publicly and from my heart apologize to him and to you. [Applause.]

Dr. Atlee stated this morning that if this resolution was passed, it was all that was desired, because it was practically an endorsement, by this Association, of female physicians. This being the case, I would say a word or two in regard to points that I did not speak of yesterday, because I thought it was entirely unnecessary, and in this matter I speak from experience. There are other gentlemen present who have had similar experience to my own. It may be, however, that they do not care to state that experience as plainly as I think the importance of the question demands. I have thoroughly tried this experiment. I felt several years since that the question was of such importance, allied, as it was, more particularly to a branch of the profession to which I had devoted myself, that it was of sufficient importance to be looked into, not merely theoretically, not merely on the ground of the respect we have for woman, but in its relations to the community; and, therefore, gentlemen, for several years I occupied the position of a surgeon to a hospital at which there were women physicians, and for two years I had some association in private practice, with one of the very best woman physicians, a graduate of the Female College, as I suppose there is at present in this country; and I will tell you distinctly, gentlemen, that by the best portion of the community, by the most re-

finéd, the most delicate ladies in the community, there is not that confidence in the woman physicians that there is in the men. In the matter of practice, and I state this because it is claimed that there are certain branches of the practice filled by them, and for which they are peculiarly fitted—that on the one hand the relations of the physician to his patient, and the relations of the patient to the physician entirely debar the idea of sex. In the case of confinement, what lady hesitates to send for a male accoucheur? In the case of a difficult confinement, provided she is attended by a midwife or nurse, what lady hesitates to have a male physician called in, if the anxieties of the case demand it? It is so, gentlemen, with regard to all other cases which are claimed to be the peculiar province of women. But, Mr. President, there is another point underlying all this. We will grant that some exceptional women are as interested in our science as ourselves. That some of them have those peculiar qualities, that especial temperament, that gives them not merely a taste for anatomy and surgery, but courage to face the greatest dangers and anxiety in surgery; that there are some women who are able to go out in inclement weather and brave the storm; we may grant that women, some of them, may have had peculiar means, or favorable opportunities, which allow them to get this same education that men have; we may grant that, and grant it freely that in some matters, intellectually, women are as completely mistresses of their subject as we are masters of ours; but beyond this there is a point that is fundamental to the whole matter, and out of very many physicians that have discussed the matter with me—I may say out of many of my patients who have discussed the matter—I have to see the first one that does not agree with me in it; and that is this inherent quality in their sex, that uncertain equilibrium, that varying from month to month, according to the time of the month, in each woman, that unfits her from taking these responsibilities of judgment which, as I said this morning, are to control the question often of life and death. Women may be and are undoubtedly the best nurses—they may carry out to the letter the direction of the physician; but every physician who is familiar with women, and every woman, almost without an exception, who expresses an honest opinion in this matter, will say that women from month to month and week to week vary—up and down; that they are not the same one time that they are another;

that their diagnosis varies, and comparing the average of women with the average of men to-day, they are inferior in the matter of judgment.

Now, I know there are many sides to this question. Dr. Thomas read to you a list of leading men in the profession who allow their names to be used as consulting physicians, or directors, or trustees of various educational establishments, and it is claimed that that use of their names is a guaranty that the system is endorsed. We all of us know that very many men are compelled to allow their names to be used, in the same way that they endorse Seltzer water and surgical instruments; and I have no doubt, from the statement made upon both sides of the question by one prominent gentleman in this assembly, that it is possible that his heart may direct him one way and his judgment another. I said this morning that I would not imply that any man of standing in the profession would be governed in his profession by pecuniary considerations, but it is evident that gentlemen who are practising in a certain department, providing their organizations allow them to endorse female physicians, are thereby sure of an increase in their consultation fees.

There is one other argument, Mr. President, which has been used and which has been printed and circulated throughout the country, and it is a strange one in the portion of the country from which I came, and that is this. It has been stated here to-day by one of the most prominent champions of this movement; and that is that no male physician, no matter what his standing, can enter the chamber of a sick woman, no matter in what position, who is unmarried, without exciting in her mind delicate feelings. I hate to refer to this, but it is upon the record, and it is one of those base arguments which are used for the purpose of destroying an influence throughout the whole land.

Dr. Atlee—The gentleman says that I stated on the floor this morning that the American Association ought to endorse the female practitioner. I said no such thing. What I said was this, that by passing that resolution it would place me on the same footing precisely with my professional brethren throughout the United States, giving me the privilege of consulting with whom I pleased who was a physician, male or female, that lived up to the code of ethics, not that I endorsed either male or female physicians, but to give me my rights as a physician.

There is another matter, and that is the matter of pecuniary motives. That was attended to this morning, and there has been allusions to it this afternoon. I deny the insinuation that has been made, and I hurl it back in the gentleman's teeth. I have no pecuniary interest in the matter; I occupy my position honestly, and I hope to retain that honest position till death. I conceive that females have rights, and these rights under the American code of ethics I will maintain as long as I can under the institutions to which I belong. If pecuniary considerations governed me, why should I not refuse consultation with them when other gentlemen, under institutions that have the same laws, hold such consultations? I think that will disperse anything of that kind, and I hope the gentleman who has made that insinuation will apologize before the Association for it. Gentlemen who know me in Philadelphia and in Pennsylvania will not dare accuse me of such a thing. * * * * *

Dr. Gibbons, Sr., of San Francisco—We have a right sometimes to judge of a proposition by the arguments which are brought forward for its support, and if we are to judge of this proposition by the arguments brought forward by my friend from Boston, I think it would prove conclusively the weakness of his side of the question. One of his arguments was, that female physicians fluctuate in their judgment, in consequence of natural changes in their systems; that once a month their judgment was influenced by these natural changes. Now, I appeal to your observation, Mr. President, and that of any other medical man here, whether it is not a fact that any large majority of male practitioners fluctuate in their judgment not once a month with the moon, but every day, with the movement of the sun—whether one-half of the male practitioners of medicine are not to a greater or less extent under the influence of alcohol at some period in the twenty-four hours? [Applause and hisses.] Gentlemen, we have an Academy of Sciences in which we place all specimens of strange animals, and if some one will catch me one of those hissing animals, I will be glad to present it to that Academy. [Hisses.] I was not aware that I was stating anything offensive, because I was stating a positive fact in regard to the habits of men. I do not pretend to say that men in the practice of medicine get drunk, by any means. [A voice: "Temperance lecture."] [Hisses.] But what I do say is this, and I insist on the privilege, as I believe I have been misinterpreted, of

correcting myself—what I mean to say is that the great majority of the community, say three out of four, do make use of wine, or some kind of intoxicating drink, under the influence of which, without being drunk, their judgment is more or less affected, and I lay that down as a physiological fact in our society, and that is all I mean when I refer to the changes that take place in the judgment of men. [Hisses.]

The President—Gentlemen, allow me to appeal to your good sense and courtesy against any such manifestation as this.

A delegate—I ask the Chair, then, to call any speaker to order who shall violate the rules of decorum by such a reflection.

Dr. Gibbons [proceeding]—Another position on the question taken by the gentleman from Boston is, that no physician can enter the chamber of a female without exciting delicate feelings. Now, I say no absurdity of that kind ought to be brought before this body on a question like this. It is not a question as to whether females should be educated as physicians or not; the resolution pending has nothing to do at all with that, and one who may be opposed firmly, permanently and fixedly, to the education of females as physicians, may still with propriety vote for this resolution.

* * * In conclusion, inasmuch as my first remarks seemed to give some offence, although I did not intend anything of the kind myself, I beg to apologize, and assure members of the profession that no man has a higher regard for every member of this body than myself. I assure the members that my remarks must have been misunderstood in regard to intoxicating drinks; and therefore I apologize for those remarks and recall them. [Applause.]

Dr. Stillé, the President (Dr. Gibbons having been called to the Chair)—I am not going to make a speech, because I do not wish to detain you; but things have been said here in regard to the State which I in part represent that are not altogether correct. Some things have been said, evidently through inadvertency, and others through ignorance, both of which I wish to correct. A statement that has been made through inadvertence is, that the Society—by which is meant, I presume, the Medical Society—the Societies of Philadelphia have enacted a law forbidding their members to consult with female practitioners of medicine. Now, that is not a correct statement. The County Medical Society has passed resolutions of that sort. But there is another Society in Philadelphia, which has existed for more than a hundred years,

and which is known to many of the members of this body as the College of Physicians of Philadelphia, the oldest Society of the kind in the country, and which includes all that is eminent, all that is renowned, all that is useful in the medical profession, and excludes all that have not some decided professional claim to membership. Now, that body decided, when this question was brought up, differently from the County Medical Society. It turned it out of doors and left everybody to do as seemed good in his conscience. So it should be understood that in Philadelphia it is only a particular Society—the County Medical Society—and not the College of Physicians of Philadelphia that has adopted such an illiberal course. I have the honor to be one of the members of that College of Physicians, and one of the censors of that Society, an office which I have held, if I remember rightly (after having the honor of being president for eight or nine years), certainly for seven years. I am familiar, therefore, with all that has been done upon this question in the County Medical Society, because it was likely to come before the Board of Revision to which I refer; and not a single member of that Society has dared to test this question before the Board of Censors. They have passed in the Society a resolution condemning the consulting with female practitioners, and there they have stopped. If I may speak for myself, I will say they have known that I have done so, and others whose names, if I were to mention them, would be familiar to the ears of all of you, have consulted with female practitioners. Some of these gentlemen, when they found they were acting in opposition to the rules of the County Society, withdrew from its fellowship, and others did not hesitate to consult with female practitioners, and defied the Society to enforce its rule. I repeat that it is only the Philadelphia Medical Society which has adopted such a rule; and it is a question upon which the Board of Censors has never been called upon to pronounce.

Dr. Atlee—I stand corrected in regard to the Societies of Philadelphia. But I would ask of our worthy President whether the College of Physicians is represented in the State Medical Society.

Dr. Stillé—No, sir.

Dr. Wetherley—The more I hear of this matter the more fully convinced I am that this Medical Association should pursue the same policy as heretofore, namely: not to interfere with local quarrels. [Applause.] Up to this time such matters

have been referred back to the State or the County organization. If these gentlemen in Philadelphia, or in Pennsylvania, cannot manage their own quarrels, they should not bring them here. We have heard the whole subject discussed, and I think the general opinion is that we do not violate the code of ethics in consulting with female practitioners; but we should leave them to settle their own local quarrels; and I therefore move that this resolution be indefinitely postponed.

The motion to indefinitely postpone was carried by a very decided vote.

On the 25th of April, Mr. HUTCHINSON read a paper before the Medico-Chirurgical Society, *On the Communicability of Syphilis by Vaccination*, in which he drew the conclusions that a child in apparent health, with latent syphilis, may yield pure vaccine lymph or may yield syphilitic poison only, or both, and that it is the admixture of blood with lymph which communicates the disease.

In the very interesting discussion which followed, Mr. Lee, Mr. DeMeric, Mr. Brundenell Carter and Mr. Drysdale expressed their conviction that Mr. Hutchinson's paper would break through the credulity which, under official guidance and blue-book instruction, most British practitioners entertained with regard to the possibility that vaccinia could be a vehicle of syphilis.

MESSRS. EDITORS,—Permit me to remark regarding the last note of Dr. Winsor, that I copied the statements of Prof. Bache from an earlier edition of the U. S. Dispensatory (the only one within my reach at the time), and that no such qualifying remarks as quoted by Dr. W. appear in that edition. Since it was issued, the manufacture of zinc-washed iron pipes for water conduction has become a great interest in Philadelphia, and, unfortunately, great pecuniary interests sometimes modify opinions in directions apparently remote and among parties apparently disinterested. But what is the value of mere *opinion* upon a medical, chemical, or toxicological point which is only settled by direct experiment and observation? The objections urged by the writer against the use of zinc-washed pipes for water conduction, during the past two or three years, are perfectly valid,

being based upon *facts*; facts derived through experimental investigation.

It has been proved by a series of long-continued and carefully conducted experiments that the superficial coating of zinc which is left upon the interior of iron pipes by immersing them in a bath of molten zinc, is readily and speedily removed by the action of water, and that so long as the coating remains, the water in contact contains considerable quantities of the carbonate, oxide, and sometimes the chloride of the metal. These results correspond with those of *all* reliable chemists who have made similar investigations, both in this country and in Europe.

That these salts are injurious to the animal economy when taken in waters used for household purposes, is proved by the alarming and even fatal effects which have followed the use of such in families. The recent sad case in Melrose is unequivocal in its nature. Instances of zinc poisoning have occurred in the families of *several physicians* of high standing within a few months, and they are by no means rare in other families, if the investigations and statements of competent medical gentlemen are of any value. I presume Dr. W. has no other interests to subserve in this discussion than those relating to correct sanitary knowledge. I certainly have no other. My only object is to awaken the attention of physicians and heads of families to a new source of danger in methods of conducting water, and I think no higher service can be rendered the community than this.

JAS. R. NICHOLS, M.D.

THE ESSEX NORTH DISTRICT MEDICAL SOCIETY held their annual meeting at the office of Dr. J. P. Whittemore, in Haverhill. The following officers were elected for the ensuing year:—

President, Dr. Seneca Sargent, Lawrence. *Secretary and Treasurer*, Dr. Martin Root, Byfield. *Librarian*, Dr. J. P. Whittemore, Haverhill. *Corresponding Secretary*, Dr. Morris Spofford, Groveland. *Commissioner of Trials*, Dr. J. Spofford, Groveland. *Censors*, Drs. D. Dana, E. Cross, O. H. Johnson, Wm. H. Kimball, R. C. Huso. *Counsellors*, Drs. J. R. Nichols, Wm. D. Lamb, H. C. Perkins, J. Crowell, O. Warren.

Dr. J. Spofford gave the annual address, which was principally devoted to biographical notices of the earlier members of the Society, and was listened to with close attention. He alluded to the fact that although he had reached the advanced age of eighty-

three he was not the senior member of the Society, Dr. Richard Spofford, of Newburyport, being several years older.

Dr. Perkins was called upon to give some account of his researches on the germs of disease, and gave an interesting account of his study in that direction, and was invited to address the Society on that subject at the next quarterly meeting. He distributed capsules among the members in which to forward him morbid specimens, and his paper on that subject is awaited with much interest.

At the request of the State Board of Health, Drs. B. B. Breed, J. G. Pinkham, and J. O. Webster, of Lynn, have undertaken to investigate the influence of the use of sewing machines, run by foot-power, upon the health of female operatives. The aid of members of the profession is solicited, and blank forms intended for use in summing up the results of observations and inquiries have been issued. The committee desire to make a thorough investigation of this subject, and, to this end, extend a general invitation to the profession to communicate to them such statistics, facts and opinions as may be at their command. In order to reach those of our subscribers to whom the official circular may not have been sent, we copy the questions proposed by the committee:—

1. How many cases have you investigated?

2. Have you known cases of any of the following diseases which seemed to be produced by running sewing machines by foot-power? If so, how many? A. Lameness of limbs or back. B. Dyspepsia. C. Lung Disease. D. Nervous Disease, or Depression. E. Uterine Diseases:—a. Menorrhagia; b. Dysmenorrhœa; c. Amenorrhœa; d. Leucorrhœa; e. Displacements; f. Inflammations. F. Miscarriage. G. Other Diseases.

3. Have you known persons afflicted with any of the above diseases who seemed to be worse when running sewing machines by foot-power than at other times? If so, what diseases, and how many cases?

4. Have you known cases in which sexual excitement was produced by running sewing machines by foot-power? If so, how many, and what was the character of the persons?

5. Is there in your opinion less illness among the women in work-rooms since the introduction of steam-power?

6. Is there less illness among those who operate sewing machines at their own

homes than among those who work in shops?

The blanks are to be returned to either of the committee on or before October 1, 1871.

PATHOLOGY OF ANGINA PECTORIS.—Drs. A. Eulenberg and P. Guttman, of Berlin, after having fully set forth (*Archiv für Psychiatrie*, ii. p. 15, 1869, and *Archives Générales de Médecine*, September, 1870) the history of the subject, and discussed all the common facts and the current theories, sum up in these terms:—"Angina pectoris is a neurosis both of motion and of sensibility. The symptoms to which it gives rise may be provoked by causes of a different nature, even extraneous to the heart. All the cardiac nerves are probably more or less affected in this malady, and the variability of the phenomena observed in different cases depends, without doubt, on the more or less active part that the nerves which unite together in the cardiac plexus take in the production of these phenomena. It is probable that the great sympathetic plays the most important rôle, for it is this which forms the major part of the cardiac plexus."—*Phil. Medical Times*.

THE INTRODUCTION OF IODINE BY MEANS OF ELECTRICITY.—M. Brückner has investigated the resistance that the uninjured skin offers to the introduction of iodine when applied by the electro-therapeutic method, the subjects of his experiments being himself and a patient. The two electrodes were applied opposite to each other on the flexor and exterior sides of the fore-arm, and a very strong current transmitted through the arm, after tincture of iodine had either been painted on the skin, or a compress wetted with it had been applied beneath one or other of the electrodes. Iodine and iodide of potassium entered into the cutis at the cathode, but did not in all probability penetrate much deeper, and a slight inflammation occurred, which, however, was subsequently shown to be due to the action, not of the iodine, but of the electric current alone. No iodine penetrated the skin at the anode, although he has not satisfactorily ascertained whether iodine penetrates into the deeper tissues or not, when applied by means of electricity. He recommends that mode of applying it, on account of the slightness of the inflammatory reaction by which it is accompanied.—*Deutsche Klinik*, 1870, No. 40.

Medical Miscellany.

MASSACHUSETTS MEDICAL SOCIETY.

PROGRAMME FOR TUESDAY, JUNE 6TH.

Ten o'clock, A.M.—Operations, Surgical Visit, and Exhibition of Patients, at the Massachusetts General Hospital and the City Hospital.

Twelve o'clock, M.—Meeting at the Lowell Institute, Washington Street (rear of Marlboro' Hotel), where papers by the following gentlemen will be read:—1. Dr. Edward Wigglesworth, Jr., Boston, Baldness; 2. Dr. Henry Tuck, Boston, Torsion of Bloodvessels; 3. Dr. R. H. Fitz, Boston, Tuberculosis; 4. Dr. Wm. L. Richardson, Boston, External Manipulation in Obstetric Practice; 5. Dr. H. I. Bowditch, Boston, Venesection. Adjournment at 2 o'clock.

Four o'clock, P.M.—The Society will re-assemble at the Lowell Institute for the further reading of papers and for their discussion. Adjournment at 6 o'clock.

During the afternoon the Warren Museum at the Mass. Med. College, at North Grove Street, the Warren Museum of Natural History, 92 Chestnut Street, the Cabinet of the Med. Improvement Society, Perkins Building, 36 Temple Place, the Museum of the Boston Society of Natural History, Berkeley Street, Dr. Wigglesworth's Museum of Dermatology, 24 Charles Street, and the Children's Hospital, 1429 Washington Street, corner of Rutland, will be open to the Society.

The Annual Meeting of the Councillors will be held at the Rooms of the Society, Perkins Building, No. 36 Temple Place, Boston, at 7.30 precisely.

PROGRAMME FOR WEDNESDAY, JUNE 7TH.

The Annual Meeting of the Society will be held at the Lowell Institute, Boston, at 10 o'clock, A.M., SAMUEL A. FISK, M.D., President.

Order of Proceedings.—1, Reading of the Records; 2, Treasurer's Report; 3, Announcement of names of deceased Members; 4, Announcement of names of new Members; 5, Medical Papers and Communications: i., Dr. JOHN DOLE, Amherst, Practical Aspects of Medical Science; ii., Dr. W. C. B. FIFIELD, Harrison Square, Helps in Practice.

At 1 o'clock, precisely, the Annual Discourse, by HENRY J. BIGELOW, M.D., of Boston.

Anniversary Dinner.—The Annual Dinner will be served at Music Hall, Winter Street. N. B.—Members will pass in to the dinner by a private entrance from the Lowell Institute, being called in the order of seniority. LUTHER PARKS, M.D., Anniversary Chairman.

TURPENTINE AND PHOSPHORUS.—MM. Höhler and Schimpf have reported in the *Berliner Med. Wochenschrift* that they have repeated the experiments of Personne with the following results: Commercial oil of turpentine is a good antidote to poisoning by phosphorus. There is no fatty degeneration of the tissues, nor is there any free phosphorus found in the system of the animals experimented on. Phosphorus and turpentine oil

form in the stomach a compound resembling spermaceti, which is readily excreted.—*Med. and Surg. Journal*.

SUBSTITUTE FOR QUININE.—It is stated, in the *Lancet*, that M. Pavia, of Italy, has produced an alkaloid from the leaves and roots of boxwood, which he calls Bussine. In the experience of several Italian physicians this substance has been found to possess virtues nearly equal to quinine, in the treatment of miasmatic fevers. In several cases gastric uneasiness, pyrosis, thirst, nausea, giddiness, and tinnitus aurium, were attributed to the use of this remedy.—*Med. Record*.

DR. J. W. HOOD (*Quarterly Journal of Science*) writes that Dr. Boyd has successfully treated two cases of *snake-bite* with carbolic acid—taken internally, and applied as a caustic to the wound. The effect was magical.—*Oregon Med. & Surg. Rep.*

DIED.—At Aiken, S. C., 23d Inst., Francke Williams, M.D., son of the late Rev. Samuel P. Williams, of Newburyport, Mass.

PAMPHLETS RECEIVED.—Rules for the Internal Government of St. Luke's Hospital and Church Home, Detroit, Mich. Pp. 20.—Proceedings of the American Pharmaceutical Association at the Eighteenth Annual Meeting, held in Baltimore, Md., September, 1870. Also the Constitution and Roll of Members. Philadelphia. (From H. W. Lincoln, Boston.) Pp. 352.—Sulphate of Quinia in Pneumonia. Annual Address read before the Sacramento Society for Medical Improvement, March 21, 1871. By F. W. Hatch, M.D., President. Pp. 16.—Mechanical Surgery. (The Manufacture of Artificial Limbs.) By E. D. Hudson, M.D., New York. Pp. 47.

Deaths in sixteen Cities and Towns of Massachusetts for the week ending May 27, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	96	Consumption 46
Charlestown	12	Pneumonia 28
Worcester	23	
Lowell	23	
Chelsea	5	
Cambridge	11	
Salem	7	
Lawrence	3	
Springfield	6	
Lynn	7	
Fitchburg	2	
Taunton	8	
Newburyport	4	
Somerville	7	
Fall River	7	
Haverhill	3	

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Seven deaths from smallpox are reported; six in Lowell and one in Boston.

GEORGE DERBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, May 27th, 96. Males, 45; females, 51. Accident, 5—apoplexy, 1—inflammation of the bowels, 1—bronchitis, 5—congestion of the brain, 2—cyanosis, 2—cancer, 1—consumption, 22—croup, 2—convulsions, 4—dropsy of the brain, 2—erysipelas, 1—scarlet fever, 1—typhoid fever, 3—gastric fever, 1—disease of the heart, 4—hemorrhage, 1—inflammation of upper jaw, 1—infantile, 2—congestion of the lungs, 2—inflammation of the lungs, 11—marasmus, 4—old age, 2—pyæmia, 3—premature birth, 2—peritonitis, 1—scrofula, 1—smallpox, 1—disease of the spine, 1—tumor, 1—whooping cough, 2—unknown, 4.

Under 5 years of age, 32—between 5 and 20 years, 14—between 20 and 40 years, 26—between 40 and 60 years, 13—above 60 years, 11. Born in the United States, 64—Ireland, 22—other places, 10.

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It will keep unaltered for years in any climate, and will recommend itself at once for its purity, its permanency and cheapness.

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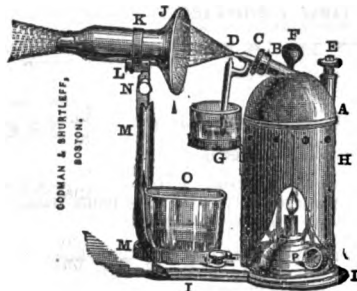


Fig. 13. The Complete Steam Atomizer. See P. 100, M. J.

The waste-cup, medicament-cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.

It cannot be injured by exhaustion of water, or any attainable pressure of steam.

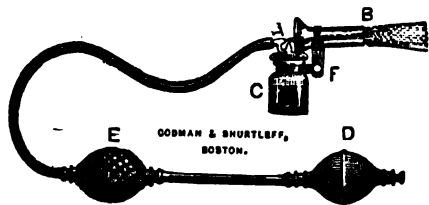
It does not throw spirits of hot water, to frighten or scald the patient.

Is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will tender the best of service for many years, and is cheap in the best sense of the word.

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Fig. 5. Shurtleff's Atomizing Apparatus.



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The most desirable Hand Apparatus.

Rubber warranted of very best quality. Valves of hard rubber, every one carefully fitted to its seat, and work perfectly in all positions.

The Bulbs are adapted to all the Tubes made by us for Local Anæsthesia in Surgical Operations, Teeth Extraction and for Inhalation. Price, \$4.50.

Each of the above Apparatuses is supplied with two carefully made annealed glass Atomizing Tubes, and accompanied with directions for use. Every Steam Apparatus is tested with steam, at very high pressure. Each Apparatus is carefully packed for transportation, and warranted perfect. Also,

THE BOSTON ATOMIZER, with two glass atomizing tubes, \$3.00

THE TREMONT ATOMIZER, with two glass atomizing tubes, 2.50

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RHIGOLENE, for Local Anæsthesia, best quality, packed, 1.00

NAVAL DOCTOR, for Treating Diseases of the Nasal Cavity, eight different varieties, each with two Nozzles, packed, \$1.20, 1.50, 1.75, 2.00, 2.50 and 3.50

N. B. To save collection expenses, funds should be sent with the order, either in form of draft, post-office order, or registered letter.

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Will be sent by mail (post-paid) on application,

A PAMPHLET

containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," with formulae of those successfully employed. Also an article by Dr. J. L. W. THURBERG, M.R.C.P., on "A New Mode of treating Diseases of the Nasal Cavity," with his formulae. Also an illustrated description of the best apparatus for the above purposes, and for producing LOCAL ANÆSTHESIA by Atomization with Ether, by the method of Dr. RICHARDSON, of London; or with Rhigolene, as described by Dr. HENRY J. BIGLOW, in the Boston Medical and Surgical Journal of April 19, 1886.

All our Atomizing Apparatus is made with the utmost care, with a view to its complete efficiency, convenience and durability, and every one is warranted. A Gold Medal has lately been awarded us by the Middlesex Mechanics' Association for Atomizing and Surgical Instruments, as will be seen from the following report, signed by a leading New-England Surgeon and Physician:

"1883. CODMAN & SHURTLEFF, Boston, Mass. One Case Surgical Instruments and Atomizers.

"The Committee have no hesitation in awarding for this superb exhibition the highest premium. The various other instruments for Inhalation of Atomized Liquids, and for Local Anæsthesia, were all apparently faultless, both in design and workmanship. The exhibitors are regarded as more especially deserving of the highest token of merit for having produced nothing except of their own manufacture. Gold Medal.

(Signed) GILMAN KIMBALL, M.D., Chairman."

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" Tourniquet.	
Beach's Needle Forceps.	
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Holt's Dilator, improved	25.00
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Pinkham's Improved Uterine Scarificator, in case,	8.00
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Ozone Ether, or Etherial Solution of Peroxide of Hydrogen, Chlorodyne, Narceine, Bimeconate Morphia, Tinct. Meconiate Morphia, Apiol, Chlorate Quinia, Sulphate Nickel, Solution Glonoine, Extract Cotyledon Umbilicus, Salts of Lithia, Oil Male Fern, Kamala (Rottlera), Kousoo, Extract Calabar Bean, Calabar Bean Gelatine, Atropine Gelatine, Iodoform, Protein, Pancreatine, Pancreatic Emulsion, Pepsin Porci, Pepsine, Pepsine Lozenges, Wine and Elixir, Papaverine, Saccharated Wheat Phosphates, Savory & Moore's Liebig's Food for Infants and Invalids, Granular Effervescent Preparations, Citrate Magnesia, &c., Albespyres' Blister, Tela Vesicatoria, Liebig's Extract Meat, in 2, 4, 8 and 16 oz. pots.

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"The great remedy, more essential and more effectual than any other, is COD-LIVER OIL—the pure, pale oil, simply extracted from the fresh, healthy liver of the fish; and I have no hesitation in stating my conviction that this agent has done more for the consumptive than all other means put together, and so far is this remedy from having 'had its day and gone out of fashion,' that, in my experience its usefulness and efficacy have gone on increasing in proportion to the greater facilities for obtaining it in a pure state.

"Here is the remedy—the only one worthy of the name—which, if carefully and faithfully used, may arrest and cure the disease, and is pretty sure to retard it and prolong life more than any other known means.

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"The use of Cod-Liver Oil should be continued for a long time—perhaps for months, or even years." In conclusion, he says that, "Under careful treatment life may be prolonged for many years in comfort and usefulness, and in not very few cases the disease is so permanently arrested that it may be called cured!"

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Compound Senna Pill,	Dr. N. I. Alken's <i>Formula</i> .
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Last spring he sent a special agent to Paris to investigate fully the whole subject of animal-vaccination as practised there, and to procure such supplies of virus, in various forms and from many different animals, as might enable him to inaugurate the method here. This agent returned two months since, and the objects sought in sending him have been fully attained. Over twenty heifers have already been successfully vaccinated, others are vaccinated every few days from the two non-humanized "stocks" mentioned below, and this "service" will be continued indefinitely if, as is not doubted, the support of the profession justifies the great and continual labor and expense.

All virus issued by me is collected by myself from vaccinations of heifers and infants, made by my own hand, and is fully warranted in every respect. In any case of failure of a first supply, a second will be sent on notification within thirty days.

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The Tubes and Points are recommended as the best forms of the cowpox; of the humanized "stock" all forms are equally reliable.

I shall be most happy to answer all inquiries touching the subject of Vaccination, and on any week day, from 3 to 4 P.M., to receive the visits of physicians, and exhibit to them heifers in different stages of the disease; but no orders for virus will be noticed without a remittance. The original cowpox lymph will not be supplied to or through agents or dealers.

Address DR. HENRY A. MARTIN,

Dec 1, 1870. 27 Dudley Street, Boston Highlands, Mass

189 WARREN AVENUE, Sept. 16, 1880.

DR. T. W. FISHER, having retired from service at the Boston Hospital for the Insane, to enter on general practice in this city, will give attention by preference to Mental and Nervous Diseases.

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Ap. 27-tf.

COPARTNERSHIP NOTICE.—I have this day admitted Geo. F. H. MARKS, for seven years my head clerk, and Joseph T. Brown, Jr., my son, partners in my business. I avail myself of this opportunity to tender my sincere thanks to my old friends and customers for the liberal patronage bestowed upon me for more than THIRTY YEARS, and respectfully ask a continuance of their favors in behalf of the new firm. JOSEPH T. BROWN,

292 Washington Street.

Boston, March 1, 1869.

JOSEPH T. BROWN & CO., Druggists and Pharmacists, 292 Washington, corner Bedford Street, Boston, Manufacturers of Standard Pharmaceutical Preparations, and Dealers in the Finest Drugs, Medicinal and Fine Chemicals, Select Powders, Pure Essential Oils, Genuine Medicines, Mineral Waters, New Remedies, &c. &c.

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By manufacturing ourselves, by careful selection from the market, and by direct importation, we shall be able, at all times, to supply our customers with the highest grades of every article in our line.

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Dr. S. G. Howe, Boston, Mass.
Dr. Edward Jarvis, Dorchester, Mass.
Dr. H. M. Knight, Lakeville, Conn.
Mr. H. K. Frothingham, Mass. Bank, Boston.
Mr. P. A. Ames, 70 State Street, Boston.

58-1y.

ATWOOD'S PURE COD LIVER OIL.—Prepared by Capt. N. E. ATWOOD. The following distinguished Boston Physicians recommend Capt. A.'s preparation.

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Jy 18-tf

MEDICAL JOURNAL ADVERTISING SHEET.

CENSORS OF SUFFOLK DIST. MED. SOCIETY.—In accordance with the following By-Laws, the Censors of the Suffolk District will meet at the house of Dr. B. Joy Jeffries, 15 Chestnut Street, Boston, Thursday afternoon, June 1, at 4 P. M.; also at 10 A. M., at the place of the Annual Meeting of the Mass. Med. Society, June 7.

Extracts from By-Laws:

"I. Any person may be admitted a member of the Massachusetts Medical Society, who shall have passed a satisfactory examination before a Board of Censors, as to his credentials, personal and medical qualifications, and character, and shall have signed the By-Laws.

"The candidate shall be a person of sound mind, and of good moral character; shall be not less than twenty-one years of age; shall have such an acquaintance with the Latin Language as is necessary for a good medical and surgical education; and shall have acquired the principles of geometry and experimental philosophy.* He shall have studied three full years under the direction, and shall have attended the practice, of some respectable physician or physicians. He shall have attended two full courses of lectures on anatomy, physiology, chemistry, materia medica, midwifery, and the theory and practice of medicine and surgery.

"No person shall hereafter be admitted a member of the Society who professes to cure diseases by Spiritualism, Homoeopathy or Thomsonianism.

"II. Candidates shall be examined, at any stated meeting of Censors, in each and all the branches mentioned in Article I. of the By-Laws. If the examination be satisfactory to the major part of the Censors present, the candidate shall be admitted a Fellow; but if unsatisfactory, he shall not be re-examined by any Board of Censors in less than six months.

"XX. The Censors of the Suffolk District Society shall officiate for that District and for the Society at large; and shall meet, for the admission of Fellows, in Boston, on the Thursday next preceding the annual meeting of the Society, on the days succeeding the examinations of the Medical Department of Harvard University, and on the day of the annual meeting of the Society."

Resolve of June 17th, 1863.—"That the Censors at Large are hereby instructed not to admit into the Society any person who is a resident, or in practice, in any district except their own."

No fee is attached to the admission of a Fellow.

B. JOY JEFFRIES, M.D.

Sec'y Suffolk Dist. Board Censors Mass. Med. Soc.

* It is understood that he be able to translate the select Oration of Cicero, the *Æneid* of Virgil, or the medical writings of Celsus, and the formulae of the Pharmacopœia of the United States; and that he have a knowledge of Euclid's, Ptolemy's or Loomis's Elements of Geometry; or also of Golding Bird's or Olmstead's Natural Philosophy, or the Cambridge Course of Physics.

If the candidate be a graduate of any college, the examination in these branches may be dispensed with. May 25—2t.

VACCINE VIRUS.

SPECIAL NOTICE.

The subscriber will not in future, in any case, furnish either Cowpox or Humanized Vaccine Lymph to any agent or dealer. It is most important that physicians should know the precise source of their vaccine supply, and who is solely responsible for its excellence; this can only be attained by direct communication with the person who devotes himself to this troublesome and laborious specialty.

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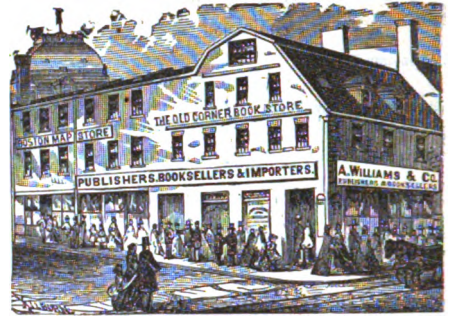
DR. KIMBALL has returned from Europe, and has resumed his office, No. 6 Temple Street.
Office hours from 10½ A.M. to 2½ P.M. O20—4t.

DR. E. B. MOORE, 194 Hanover St., will hereafter attend *exclusively* to office Practice and Consultations.
Jan. 19—4t.

DR. GARRATT'S office hours, after this date, will be from 9 to 1 only.
No. 9 Hamilton Place, Boston, Feb. 1, 1869. F4—4t.

CHARLES H. SPRING, M.D., has removed to
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A PHYSICIAN, located in one of the most pleasant New England Villages, and doing an extensive business, wishes, in consequence of failing health, to dispose of his situation for a small compensation. Address G, at this office. May 25—4t.

HARVARD UNIVERSITY.—Dr. C. J. BLAKE will deliver a Course of Lectures on OROLOGY, at the Medical College, in North Grove Street, on Wednesdays and Saturdays at 8 A.M., commencing on June 3d. Members of the profession are invited to attend.

CALVIN ELLIS, Dean of the Faculty.

May 25—2t.

A VERY DESIRABLE OPENING.—A physician in Minnesota, who has a large and first class practice, being about to remove to an Eastern city, desires to dispose of his property, consisting principally of a city residence and office, to a good physician who may become his successor.

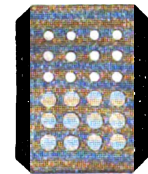
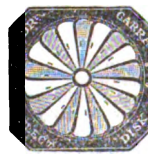
For particulars, inquire (by letter or otherwise) of O. W. JORDAN, 82 Washington Street, Boston. Ap. 6—3m*

VACCINE VIRUS.—We are prepared to furnish Crusts of Vaccine Virus, taken from healthy country children. Warranted pure and reliable. Price of Crusts, \$2 each.

LEACH & GREENE,

Dealers in Surgical Instruments,
1 Hamilton Place, Boston.

May 18—4t.



THE ELECTRIC DISK.—Notice to Druggists.—After this date, Dr. Garratt's superior Electric Disks, made under his own inspection, and warranted, can be had direct from first hands in Sealed Packages and at much lower rates by wholesale druggists, surgical instrument makers, and dealers,—so that the Disk will retail hereafter at \$2.50, and yield also larger profits. This very convenient remedy for cold Rheumatism, local Weakness, Pain and Palsy, for a lame back, thorax, loin or limb, is in demand wherever it is known.

Orders, by the dozen, or gross packages, will be filled with despatch by the Manufacturers,

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No. 17 Province St. (near the Parker House.

Boston, Mass., April 3, 1871

Ap. 6—4t—cowtf.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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H. H. A. BEACH, M.D., ASSISTANT EDITOR.

Whole No. 2262. }
Vol. LXXXIV. }

THURSDAY, JUNE 8, 1871.

{ New Series,
Vol. VII.—No. 23.

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MEDICAL DEPARTMENT — BOSTON, MASS., 1871-72.

CHANGES IN THE PLAN OF STUDY AND THE REQUISITES FOR A DEGREE.

THE REGULAR COURSE OF STUDY for persons who begin their medical education at this School, will occupy three full years. The year will begin on the Thursday following the last Wednesday in September, and end on the last Wednesday in June, and will be divided into two equal terms. The instruction will be given by Lectures, Recitations and Practical Exercises, throughout the year. The general subjects of the Regular Course of study are:—

For the first year — Anatomy, Physiology and general Chemistry.

For the second year — Medical Chemistry, Materia Medica, Pathological Anatomy, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

For the third year — Pathological Anatomy, Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

No student will receive his degree until he has passed a satisfactory examination in all the above-mentioned subjects. Examinations in all these subjects will be held at the beginning, middle and end of each year.

Students who take the regular course of the School will be divided into three classes according to their time of study and proficiency. Students may be admitted to advanced standing in the regular course; but all persons who apply for admission into the second or third year's class must pass an examination in the branches already pursued by the class to which they seek admission. Students who fail in any subject at one examination may be examined again at the next examination. The regular examinations will be held in the following order:—

At the end of the first year—Anatomy, Physiology and Chemistry.

“ “ “ second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

“ “ “ third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

Students who began their professional studies elsewhere may be admitted to the School and become candidates for a degree without joining the regular classes; such students may take up the subjects which they have not previously studied, in such order as may be thought best, passing the examinations at the beginning, middle and end of each year.

Students who do not intend to offer themselves for a degree, may join the School for one term or more, and pay for instruction in such subjects as they select. Such students will be furnished, without examination, with certificates of attendance.

REQUIREMENTS FOR A DEGREE.—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examinations, and have presented a thesis.

FEES.—For Matriculation, \$5; for the Year, \$200; for either Term, \$120; for Graduation, \$30; for courses in single subjects, according to the detailed announcement.

☞ The plan will go into operation on Sept. 28th, 1871, but the changes above described will not affect students who have already entered the School, unless by their choice.

For further information, address

DR. C. ELLIS, *Dean*,
114 Boylston Street, Boston.

Apr. 20—

ELEGANT PHARMACEUTICAL PREPARATIONS,

MANUFACTURED BY

**JOHN WYETH & BROTHER,
PHILADELPHIA.**

THE attention of Physicians is solicited to our more recent Pharmaceutical Preparations. Our facilities for manufacturing enable us to offer these preparations at a less rate to Physicians and Druggists than they can be prepared for, except on a very large scale. They are made with scrupulous exactness, and are in every respect identical with what we dispense over our retail counters. They will be supplied by the leading Druggists in all our large cities, or we will send samples to Physicians, with price list, free of charge.

Elixir Phosphate Iron, Quinine and Strychnia.

There is perhaps no prescription so generally used and with such gratifying results, as the above combination. Owing to the intensely bitter taste of the solution or the syrup, patients very generally object to them, and many sensitive stomachs reject their administration. Physicians hesitate to prescribe in pill form from the want of prompt action—the frequent passing away from the system undissolved, and the occasional cumulative action of the Strychnia, when the pills are long retained. This Elixir has been extensively used with very gratifying results, and does not seem open to any of the above objections. Using pure Alkaloids of Quinine and Strychnia the excess of acid is not required, the bitter taste is not developed, and the Elixir is readily taken by children as well as adults.

Each teaspoonful contains two grains of Phosphate of Iron, one of Quinine, and one sixtieth of a grain of Strychnia.

Adult dose, one teaspoonful three times a day.

Elixir of Gentian Ferrated.

This preparation is identical in strength with the Comp. Infusion of Gentian of the Pharmacopoeia, with the addition of one grain of Phosphorated Iron to each teaspoonful.

This Ferrated Tonic Bitter excites the appetite, invigorates digestion, and operates as a general corroborant. Blended with Aromatics, and slightly acidulated with Phosphoric Acid, it proves grateful to the most delicate stomach.

Give to children one-half to a teaspoonful before eating. Adults, a dessert-spoonful as often.

Elixir of Hops.

This preparation represents, in the most agreeable form, the Tonic and Anodyne Properties of Hops. There are few medicines of more real value, and less open to objection from continued use, in cases of weakness, nervous tremors, and the general irritability so often associated with Dyspepsia. This equals in strength the official Tincture of Hops.

Adult dose, one or two teaspoonfuls.

Elixir Valerianate of Ammonia.

[Goddard's Formula.]

This preparation, combining the stimulant and anti-spasmodic properties of both Valerian and Ammonia, in a form agreeable and convenient, has proved a valuable agent in all cases of Nervous Derangement, Neuralgia, Hysteria, Nervous Headache, and in all those complicated disorders consequent upon nervous debility and depression.

Adult dose, one or two teaspoonfuls.

Elixir of the Pyrophosphate of Iron.

Iron with Phosphorus and Calisaya.

Promptly tonic, without being irritating or stimulant, combining the effects of Phosphorus and Iron with the codial and tonic influences of the Chichona Elixir. The freedom from all unpleasant taste, and the ease with which this preparation is borne by even the most sensitive stomachs, together with its ready assimilation with the food, and consequent rapid absorption, render this preparation specially valuable. It is used with benefit in all instances where a nerve tonic is indicated.

Each teaspoonful represents the activity of five grains of Calisaya Bark, together with two grains of the Soda-Pyrophosphate of Iron. This Salt of Iron is not precipitated in the stomach by the agency of food or gastric juice, and will be found an efficient chalybeate when ordinary iron preparations produce constipation, headache, etc.

The dose for an adult is a teaspoonful three times a day, immediately before or after meals. For children, to be graduated accordingly.

Elixir Pepsin, Bismuth and Strychnia.

This combination consists of Pepsin (prepared from the stomach of the Pig), with the soluble Citrate of Bismuth, and one-sixtieth of a grain Strychnia to each fluid drachm. It has been employed with very great success in Dyspepsia, Gastralgia, General Debility of the System, and in all the numerous disorders dependent on want of tone and vigor of the stomach and digestive organs.

Elixir of Calisaya Bark.

An Agreeable Stomachic and Efficient Tonic.

This is a most delightful and energetic tonic and restorative. Prepared with Sherry Wine, Peruvian Bark, and Aromatics, it is peculiarly grateful to patients suffering from debility, loss of appetite, and general lack of nervous force.

Each fluid drachm represents five grains Calisaya Bark.

Directions.—A teaspoonful for children, a dessert-spoonful to adults, three times a day, or as required.

Compound Syrup of Hypophosphites.

This preparation, suggested by the experience and researches of Dr. CHURCHILL, is composed of the Hypophosphites of Lime, Soda, Potassa and Iron. The theory of the advantage of the Hypophosphites is based upon the elimination of free Phosphorus into the system. The therapeutic effect would seem to sustain the value of this preparation, from the benefits derived from their use, both here and abroad.

Each fluid drachm contains two grains Lime, two grains Soda, one grain Potassa, one half grain Iron.

Adult dose, one teaspoonful three or four times a day.

Compound Syrup of Phosphates, or Chemical Food.

Composed of the Phosphates of Lime, Soda, Potassa and Iron.

This preparation was introduced by Professor Jackson, of the University of Pennsylvania, and has been extensively prescribed with very gratifying results. It is not intended as a popular remedy, but is submitted to the Medical Faculty as a nutritive tonic, well suited to supply the waste of elementary matter in the human system during the progress of chronic cases, particularly in Dyspepsia and in Consumption.

By careful and intelligent manipulation, the salts are all held in complete solution, hence their efficiency in a small dose. This preparation is pleasant to the eye, agreeable to the taste, and grateful to the stomach, and does not nauseate by protracted use.

Each fluid drachm contains one grain freshly precipitated Phosphate of Iron, two grains Phosphate of Lime, one grain Phosphate of Soda, one-half grain Phosphate of Potassa, with slight excess Phosphoric Acid.

Adult dose, a teaspoonful.

Bitter Wine of Iron.

Citrate of Iron and Peruvian Bark.

Prepared with Sherry Wine, Calisaya Bark, and Citrate of Iron; each fluid drachm represents two grains of the ferruginous salt, and the activity of five grains of Calisaya Bark.

Among the many chalybeate and vegetable tonic combinations that are justly entitled to a high degree of favor, we know of none more worthy of esteem than this. The happy effect, in many cases of debility, loss of appetite and general prostration, of an efficient Salt of Iron combined with our most valuable Nerve Tonic, has been so frequently demonstrated, that we feel every confidence in recommending it. For an adult, a teaspoonful immediately before or after each meal.

[Continued on next page.]

WYETH & BRO'S PREPARATIONS—continued.

Elixir Bromide Potassium.

The Elixir contains ten grains Bromide Potassium in each teaspoonful, and is an agreeable and elegant form of administering this highly prized alterative and nerve sedative. The objectionable saline taste is completely masked in this Elixir, and the Bromide will be found less apt to produce nausea and derangement of the digestive organs.

Elixir Calisaya Bark, Iron and Bismuth.

This Elixir contains one grain of Soluble Citrate of Bismuth in each teaspoonful of the Ferrated Elixir of Cinchona. The addition of the Soluble Salt of Bismuth gives increased value, in cases of debility, dependent on enfeebled digestion, or associated with gastritis.

Elixir Calisaya Bark, Iron and Strychnia.

Each teaspoonful contains one-fiftieth of a grain of Strychnia; this enhances the tonic power, and will be found a valuable adjunct to the other constituents, when a powerful nerve tonic is desired. Each fluid drachm contains Calisaya Bark, two grains Iron, one-fiftieth grain Strychnia.

Wine of Wild Cherry Bark.

This is a pleasant and concentrated preparation of Wild Cherry Bark, and will prove an elegant form of administering this valued tonic and sedative. Each fluid drachm represents twenty grains of the bark, collected at the proper season. Adult dose, one teaspoonful.

Ferrated Wine of Wild Cherry Bark.

Few medicines combine so pleasantly as valuable effects as the carefully selected bark of the Wild Cherry. Uniting a tonic, expectorant and sedative influence, it is indicated in most cases of debility, particularly when accompanied by local irritation. By careful and elegant pharmacy we combine in this preparation a protosalt of Iron, giving the advantage of a combination so frequently desired. Each fluid drachm contains twenty grains of the Bark, two grains Iron.

Wine of Ergot.

There is no preparation more dependent for its value upon intelligent selection of the drug and careful preparation, than Wine of Ergot, and perhaps none more uncertain in effect as generally dispensed. We have long prepared it with carefully selected and fresh ergot, and feel assured physicians will not be disappointed in the effect. Strength, United States Dispensary.

Wine of Pepsin.

From the Stomach of the Pig.

This is the most effective and agreeable form of administering Gastric Juice as an aid to enfeebled digestion. We add, in the preparation of our Wine of Pepsin, a small quantity of Lactic Acid, supplying the want of the necessary acid, and increasing greatly the efficiency of the remedy. Adult dose, one to two teaspoonfuls.

Elixir of Bismuth.

The greater efficiency of Bismuth in solution, over the insoluble salts, usually given, recommends this preparation in the many cases of gastro-intestinal irritation, in which bismuth is indicated. This Elixir contains two grains of the Citrate of Bismuth in each fluid drachm. Adult dose, one teaspoonful.

Comp. Fluid Ext. Buchu and Pareira Brava.

This fluid extract is composed of equal quantities of Buchu, Pareira Brava, and Collinsia Canadensis. As a tonic and diuretic it will be found of great value; exerting prompt remedial action in Calculous Affections, Chronic Inflammation, and Ulceration of the Kidneys and Bladder, Leucorrhoea, Dropsy, &c.

In Chronic Inflammation of the Bladder, for allaying irritability of that organ, and correcting the disposition to profuse mucous secretion, we specially recommend it. Adult dose, one teaspoonful three times a day.

In addition to the above, we prepare all the other popular Pharmaceutical combinations, which we supply at reasonable prices.

JOHN WYETH & BRO.,
1412 Walnut Street, Philadelphia.

WEEKS & POTTER,
Wholesale Agents, Washington Street, Boston.

Beef, Iron and Wine.

Extract of Beef, Citrate of Iron and Sherry Wine.

As a Nutrient Tonic and Mild Stimulant, this combination has proved especially efficacious. In many cases of enfeebled digestion, loss of tone and vigor, impoverished blood, and in the many ailments consequent upon general debility. It is prepared with great care from selected beef, one-third of which has been partially roasted to develop the osmazone; thus rendering it more grateful to the taste and less apt to occasion disgust from continued use.

We claim and believe that our Extract of Beef is superior to any offered to the Medical Profession or to the public, and it is used in this preparation.

Each fluid ounce represents two ounces of fresh beef, and four grains of Citrate of Iron in one ounce of Pure Sherry Wine.

ADULT DOSE.—One tablespoonful three or four times a day, between meals or when fatigued and exhausted. The dose for children should be graduated according to the age.

Tasteless Cod-Liver Oil.

The value of Cod-Liver Oil is so generally recognized, and has been used so long as a popular remedy with gratifying results, that it is needless to repeat what is so well known to every Physician as to its therapeutic value, or the special diseases in which it is indicated. To many invalids, Cod-Liver Oil in its natural condition, and as usually dispensed, is so distasteful that they are unable to take it, and are consequently denied the benefit of a remedy combining both nutriment and remedial properties to an unusual degree.

To obviate this objection, we have for some years prepared our pure Cod-Liver Oil in the form of an emulsion, so perfectly disguised as to be given readily to Children and Adult Patients, hitherto unable to take the oil even in minute doses.

ADULT DOSE.—A tablespoonful three times a day. Children in proportion to age.

Tasteless Cod-Liver Oil. Ferrated.

Physicians frequently wish to administer Iron with Cod Liver Oil; as the majority of patients to whom the oil would prove serviceable derive benefit from some Salt of Iron that would be readily assimilated. It is generally believed that the efficacy of all Iron Preparations is much enhanced when given with Cod-Liver Oil or some similar nutrient, for which reason the Profession invariably prescribe chalybeates at meal time. To each teaspoonful of our Tasteless Cod-Liver Oil we add one grain of Pyrophosphate of Iron, which will remain in permanent solution. Children and Invalids, however fastidious, can take our Cod-Liver Oil prepared in the form of an emulsion, without difficulty, being pleasantly flavored and perfectly disguised.

Adults should take from a dessert to a tablespoonful three or four times a day. Children in proportion to age.

Suppositories.

Rectal, Vaginal, and Male Urethral Suppositories and Soluble Possaries of pure Butter Cocoa, made with great care, and of every variety of combination. Lists sent on application.

Sponge Tents

For the Urethra, of every size and style, made of finest quality of sponge. Can be ordered with or without Carbolic Acid.

Medicinal Pearls.

Pearls of Chloroform, Apiol, Oil of Turpentine, Copaiba, Wormseed Oil, Oleo Resen Cubebs, Oils of Copaiba and Cubebs.

Lozenges.

Jackson's Ammonia, Jackson's Pectoral, Rose Leaf and Alum, Chlorate of Potassa, &c. &c.

Surgeons' Roller Bandages.

We have always in store a large assortment of Surgeons' Roller Bandages, of every size. For convenience of physicians we have them put up in boxes, six dozen in each, assorted sizes. Hospitals furnished at low rates by the gross.

Plaster.

Adhesive Plaster spread on light or heavy twilled muslin, as may be desired. Belladonna Plaster spread on muslin, 5 yard rolls. Isinglass Plaster, in 1 and 5 yard rolls.

A VALUABLE REMEDY.

Dr. HAYDEN'S Successful Prescription for
DYSMENORRHOEA,

AND ALL PAIN OF THE STOMACH AND BOWELS.

A Powerful Anti-Spasmodic and Nervine.

The Saturate of Viburnum Compound.

PREPARED from the original formulae of W. R. Hayden, M.D., of New York, by the New York Pharmaceutical Company, expressly for Physicians' Prescriptions.

The Company take special pleasure in asking the attention of the profession to Dr. Hayden's Saturate of Viburnum Compound, as they are confident it will meet with their warmest approbation, and be found to approach as near a specific in *Dysmenorrhoea* as any one medicine can, and that it is a more important addition to the physician's list of valuable remedies than the Hydrate of Chloral, or any of the various preparations which have been introduced to the profession since the discovery of anaesthesia. The Saturate of Viburnum Compound contains no preparation of opium or other narcotic, and may be administered freely without any unpleasant after-effects.*

The Viburnum Compound has been extensively employed for the past two years by physicians in New York, Boston, Providence, and many other places, with universal commendation from those who have employed it.

Prepared only by the New York Pharmaceutical Co. Laboratory, Bedford Mineral Springs, Mass.

Price, \$2 per pound.

Dispensed by all Druggists.

Physicians prescribing the Saturate of Viburnum Compound should be particular to write for "Hayden's."

* For formulae, see Company's Hand-Book of Hayden's Saturates (225 different kinds), which may be had free on application, by enclosing stamp for postage.

Price Reduced!

PHOSPHORUS PILLS.

HAVE proved to be a valuable remedy in the treatment of all diseases of the Brain and Nerve Centres, particularly *Lapses of Memory*, Mental Derangement, Paraplegia, Paralysis and Impotency—especially in the three last, and in all cases where there is a loss of Nerve or Vital Force.

The Simple and Compound Phosphorus Pills were first introduced to the profession five years since by this Company, they having procured the formulae from Dr. Hayden; and they prepare them strictly according to his directions. The Phosphorus Pills are now prescribed in almost every city and town in the United States and in many parts of Europe; and but few remedies have met with more approval.

The two following letters are a sample of over 150 received.

Meriden, Ct., Oct. 15, 1890.

Dr. Hayden,—Dear Sir:—I have used your Compound Phosphorus Pills the past six months, in a number of cases of Anaphrodisia, and in physical and nervous weakness caused by protracted influences injurious to the vital economy, and have been very much pleased with their effect. I have also used them with much benefit in inflammation of the prostate gland, and in affections of the spinal cord. I have used Phosphorus with Sugar of Milk, Glycerine, Sulphuric Ether, and Alcohol, also Phosphoric Acid, but I think your preparation in Phosphorus in fat far preferable to others.

Respectfully, CHAS. H. S. DAVIS, M.D.

Howell, Mich., Sept. 2, 1870.

W. R. Hayden, M.D.,—Dear Sir:—I am delighted with the Phosphorus Pills, and would rather pay twice their price than be without them. I have used them myself, and have been able to perform double the amount of labor that I should have done were it not for them

Yours, &c.

W. L. WELLS, M.D.

Dr. G. Dujardin Beaumetz, of the Hospital de la Pitié, Paris, concludes, after an elaborate study of the action of phosphorus in locomotor ataxia, that—1. Phosphorus appears to have a favorable influence in progressive locomotor ataxia. 2. Phosphorus acts as an excitant and as a tonic to the nervous system. It returns to the nervous tissue an indispensable element. 3. The administration of Phosphorus should be commenced in small doses, one milligramme (about the 1-60 of a grain), and increased gradually until the dose of one centigramme (1-6 of a grain) is reached. The administration should cease when digestive troubles supervene.—*Bulletin General de Therapeutique*, Jan. 15, Feb. 29, March 18, 1898.

The Simple Phosphorus Pill consists of the one-hundredth of a grain of Phosphorus in Suet, Sugar-Coated. The Compound Phosphorus Pill the one-hundredth of a grain of Phosphorus and one quarter of a grain of *Nus Vomica*, in Suet, Sugar-Coated. The Compound is the most employed.

Put up in boxes of 100 each. Price, \$2 per 100.

Dispensed by all Druggists, or they will be sent by mail on receipt of price, by the N. Y. Pharmaceutical Co., Bedford Springs, Mass.

NOTE.—Physicians prescribing the Phosphorus Pills should be particular to designate whether *Simple* or *Compound* Pills are desired, and also to write for "Hayden's" Phosphorus Pills, as a firm in Philadelphia, having no sympathy with the GULIAN KOLB, have appropriated Dr. Hayden's original formula and language to their own use, in order to profit by the considerable sums of money paid to the various medical journals by this Company, in calling the attention of the medical profession to the value of the Phosphorus Pill. It is very questionable whether men who will stoop to such dishonorable transactions in business can be trusted to prepare medicine for the profession and the sick.

McH.16—1y.

CODMAN & SHURTLEFF'S

APPARATUSES FOR

Atomization of Liquids for Inhalation, Local Anæsthesia, &c.

By the Atomizer any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air cells, thus opening a new era in the treatment of all diseases of the Throat and Lungs.

The Complete Steam Atomizer for Inhalation, &c.

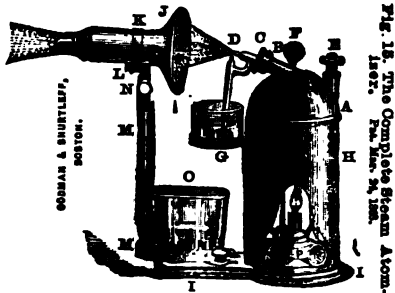


Fig. 12. The Complete Steam Atomizer. See Pamphlet.

The waste-cup, medicament-cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered. It cannot be injured by exhaustion of water, or any attainable pressure of steam.

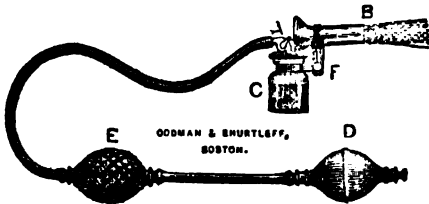
It does not throw spirits of hot water, to frighten or scold the patient.

Is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will tender the best of service for many years, and is cheap in the best sense of the word.

Price, \$8. Neatly made, strong, Black Walnut Box, with convenient handle, additional \$2.50.

Fig. 5. Shurtleff's Atomizing Apparatus.



Patented March 24 1886.

For Inhalation, and with suitable tubes, for Local Anæsthesia, and for making direct local applications of atomized liquids for a great variety of purposes. [See our Pamphlet.]

The most desirable Hand Apparatus.

Rubber warranted of very best quality. Valves of hard rubber, every one carefully fitted to its seat, and work perfectly in all positions.

The Bulbs are adapted to all the Tubes made by us for Local Anæsthesia in Surgical Operations, Teeth Extraction and for Inhalation. Price, \$4.50.

Each of the above Apparatuses is supplied with two carefully made annealed glass Atomizing Tubes, and accompanied with directions for use. Every Steam Apparatus is tested with steam, at very high pressure. Each Apparatus is carefully packed for transportation, and warranted perfect. Also,

THE BOSTON ATOMIZER, with two glass atomizing tubes, \$3.00

THE TREMONT ATOMIZER, with two glass atomizing tubes, 2.50

NICKEL PLATED TUBES, for Local Anæsthesia and for Inhalation, each 2.00

RHIGOLINE, for Local Anæsthesia, best quality, packed, 1.00

NASAL DOUCHES, for Treating Diseases of the Nasal Cavity, eight different varieties, each with two Nozzles, packed, \$1.20, 1.50, 1.75, 2.00, 2.50 and 3.50

N. B. To save collection expenses, funds should be sent with the order, either in form of draft, post-office order, or registered letter.

For complete illustrated price-list of Apparatus, Tubes, &c., see pamphlet.

Will be sent by mail (post-paid) on application,

A PAMPHLET

containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," with formulae of those successfully employed. Also an article by Dr. J. L. W. THURMOND, M.D.C.P., on "A New Mode of treating Diseases of the Nasal Cavity," with his formulae. Also an illustrated description of the best apparatus for the above purposes, and for producing LOCAL ANÆSTHESIA by Atomization with Ether, by the method of Dr. RICHMOND, of London; or with Rhigoline, as described by Dr. HENRY J. BROWN, in the Boston Medical and Surgical Journal of April 19, 1886.

All our Atomizing Apparatus is made with the utmost care, with a view to its complete efficiency, convenience and durability, and every one is warranted. A Gold Medal has lately been awarded us by the Middlesex Mechanics' Association for Atomizing and Surgical Instruments, as will be seen from the following report, signed by a leading New-England Surgeon and Physician:

"1503. CODMAN & SHURTLEFF, Boston, Mass. One Case Surgical Instruments and Atomizers."

"The Committee have no hesitation in awarding for this superb exhibition the highest premium. The various other instruments for Inhalation of Atomized Liquids, and for Local Anæsthesia, were all apparently faultless, both in design and workmanship. The exhibitors are regarded as more especially deserving of the highest token of merit for having produced nothing except of their own manufacture. Gold Medal."

(Signed) GILMAN KIMBALL, M.D., Chairman."

Also by the Mass. Charitable Mechanics' Association—Exhibition of 1889—A SILVER MEDAL, the highest medal awarded for Surgical Instruments.

ALSO FOR SALE:

*Cammann's Stethoscopes, Disarticulating,	\$7.00
" " with Adjustable Ear Pressure	8.50
*Knight's Modification	9.50
Brown's Universal Tractors, each	50
Bigelow's Polypus Forceps.	
" Needle	
" Tourniquet.	
Beach's Needle Forceps.	
Warren's Uterine Diagnosticator.	
Simple Throat Mirrors	1.00
Ophthalmoscopes, Liebreich's,	5.00 to 7.00
Holt's Dilator, improved	20 00
Barnes' " set of three, with Inflator and Stopcocks	7.00
Large Ear Mirrors, Trötsche's	4.50 to 5 00
Hypodermic Syringes	3.50 to 14.00
*Miller's Intra-Uterine Scarificator, in case (post-paid)	7.00
Pinkham's Improved Uterine Scarificator, in case,	8 00
Lente's Intra-Uterine Caustic Instruments	1.25 to 3.50
Sponge Tents, plain and carbolized, each	25
*Dr. Cutter's Retroversion and other Pessaries	8.00
French Rubber Urinals, with valves, male, for night or day,	6.00
" " male, day only,	2.50 to 4 00
" " female,	3 00
Vaccine Virus, warranted, 10 quills	1.50
1 Crust	3.00
*Vaccinators, Whittemore's Patent Automatic, for Crust or Lymph fresh from the arm—instantaneous, certain and almost painless (post-paid)	3.00
Powder Syringes	2.00
Laryngoscopes, complete,	18 00 to 28 00
Dr. Oliver's Laryngoscopic Lantern	4 00
The same with Auto-Laryngoscopic Attachment	5.00
The same with ditto and three Laryngoscopic Mirrors in case	9.00
Dr. H. E. Storer's Combined Speculum	6.00
Galfe's Electro-medical Apparatus	18.00

Send for Descriptive Circular.

Apparatus for Paracentesis Thoracis, approved by Dr. Bowditch and accompanied with directions kindly furnished by him.

Instruments made to order, Sharpened, Polished and Repaired.

CODMAN & SHURTLEFF,

Makers and Importers of Surgical and Dental Instruments

13 & 15 TREMONT STREET, BOSTON

Jan. 21—epty

HAZARD & CASWELL'S PURE COD-LIVER OIL.

Prepared on the Sea-Shore of Cape Cod and Cape Ann, by Mr. CASWELL, personally,
from Fresh and Selected Livers.

The universal demand for an article of Cod-Liver Oil that could be depended upon as *strictly pure and scientifically prepared*, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the *Fishing Stations*, where the fish are brought to land every few hours, and the livers consequently are in great perfection. Its manufacture is personally superintended by our Mr. Caswell, and every gallon made is closely scrutinized. This Oil is confidently recommended to the Trade and Medical Profession as the *Sweetest and Purest* in market.

It is made of fresh selected livers on the sea-coast, and can be retained by

The nauseous and offensive character of the usual Cod-Liver Oil in use is extremely prejudicial—more so than none at all; so that an article fresh and pure is indispensable.

☐ Sole Manufacturers and Proprietors, CASWELL, HAZARD & CO., under Fifth Avenue Hotel, New York City



the stomach when other kinds fail, so sweet and pure is it from the great care and skill attending its manufacture.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's oil, and give yours $\frac{1}{2}$ decided preference."

Prof. Hayes, State Assessor of Mass., after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have carefully studied the effects of different Cod Liver Oils, have unanimously decided the *light straw-colored Cod-Liver Oil* to be far superior to any of the brown oils.

THE BEST THREE TONICS OF THE PHARMACOPIEA.

IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & CO. also call the attention of the Profession to their preparation of the above estimable Tonic, as combined in their elegant and palatable

Ferro-Phosphorated Elixir of Calisaya Bark,

a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome without any injury to their active tonic principle, and blended into a BEAUTIFUL AMBER-COLORED CORDIAL, delicious to the taste and acceptable to the most delicate stomach.

A teaspoonful contains one grain of the Salt of Pyrophosphate of Iron, and a pint of the mixture contains the virtues of one ounce of Royal Calisaya Bark. The Profession are warned against many imitations of the Ferro-Phosphorated Elixir of Calisaya, made from very inferior materials.

Ferro-Phosphorated Elixir of Calisaya Bark, with Strychnia.

This preparation contains one grain of sulphate of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effects.

Ferro-Phosphorated Elixir of Calisaya, with Sub-Carbonate of Bismuth.

This combination has now become exceedingly popular with the first physicians of the country, by whom it is efficiently and successfully used in gastralgia, laborious digestion, acid eructations, nausea, debility, and nervous derangements. Each tablespoonful contains eight grains Ammonio Citrate of Bismuth, four grains Pyrophosphate of Iron and three-quarters grain Quinine in the natural state of combination.

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Where an efficient tonic is required, and in cases where iron is contraindicated, our simple Elixir of Calisaya will be found of admirable service. In it the finest variety of Calisaya Bark is combined with aromatics and made into a ruby-colored cordial, which is very pleasant to the taste and friendly to the stomach. One pint of the Elixir contains the virtues of one ounce of the Calisaya.

IODO-FERRATED COD-LIVER OIL.

This combination holds sixteen grains *Iodide of Iron* to the ounce of our pure Cod-Liver Oil ["*Oleum Morrhuae*"] in perfect solution, making a pleasant and beautiful, clear, light-brown combination, free from the unpleasant inkiness of the *Iodide of Iron*. It possesses not only the nourishing properties of the Cod-Liver Oil, but intensified by the powerful tonic and alterative effects of the *Iodide of Iron*, thereby assisting the assimilation of the oil by the stomach, and increasing its nutrition, making this invaluable remedy (Cod-Liver Oil) far more efficacious in scrofulous and other diseases indicating its use.

This combination is one long desired by the Profession, and one, when Iron is indicated (as in most cases), the practitioner will find invaluable. One of the advantages of the Iodo-Ferrated over all other combinations of Cod Liver Oil is, that a much less quantity is sufficient for a dose, as it contains four or five times the amount of Iodine found in the natural oil. Physicians can rely upon the preparation as containing sixteen grains of the *Iodide of Iron* in each ounce of Cod Liver Oil.

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This article is highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is manufactured by ourselves from the purest materials, and is extensively and successfully prescribed by the most eminent physicians of New York. Samples of our Preparations furnished free to the Profession on application.

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Original Communications.

REPORT OF AN EPIDEMIC OF INFLUENZA.

By J. O. WEBSTER, M.D., Lynn.

DURING the autumn of 1869 there occurred a series of cases of *epidemic catarrh*, or *influenza*, under my care, at the National Military Asylum, Augusta, Me., and I have thought them of sufficient interest to report. There were then about five hundred inmates in the institution, one fourth of whom at least were affected in some degree, and a large proportion of these applied for treatment. The ordinary history of a fully developed case was somewhat as follows:—

A man, previously healthy, is suddenly attacked with great prostration, chills and extreme sensibility to cold, headache, fever, sleeplessness, complete anorexia; soon followed by cough and expectoration, without sore throat or coryza. The acute stage continues from three to seven days; the febrile symptoms subside gradually; there remain great debility and chronic cough—an obstinate cough that defies the resources of medicine. But let us look at each of these symptoms in order.

Prostration was in many instances so great that the patients were obliged to take to their beds, and was very marked in the slightest cases. Sometimes “a deathly feeling” was complained of.

Chills were very common at the outset of an attack, and there was frequently great sensibility to cold, so that I found men bent over the steam-pipes in the vain endeavor to get warm, while others betook themselves to bed, and levied upon all their friends for contributions of clothing.

Headache was a prominent symptom, was frontal, and often accompanied by vertigo.

Fever was indicated by the symptoms that we recognize as “febrile,” in connection with the circulatory, nervous and excretory symptoms; but I greatly regret that no thermometrical observations were made. There was apparently a higher de-

gree of fever than is usually found equally early in typhoid.

Insomnia was quite common, and, though perhaps partly caused by the severity of the cough, appeared mostly as a nervous wakefulness.

Anorexia was universal, and quite generally extended to the degree that there was complete loathing of all food. Thirst was present, and most of the patients drank tea with avidity.

Cough and expectoration were universal, the epidemic influence appearing to expend itself chiefly upon the mucous membrane of the larynx and bronchi, without involving that of the nares. This seems to be the only point in which this epidemic varied from the course usually run. The tonsils and pharynx were rarely affected. No physical signs were discovered in the lungs, when they had been previously healthy.

The acute stage of the disease ran its course in from three to five or more days, subsided very gradually—never by crisis—and the patient was generally left weak, and often with an obstinate cough that did not yield to nature or medicine for weeks or months.

But not every case presented all the symptoms above enumerated; there was every degree, from the severe form that I have delineated to that in which the local affection was almost *nil*; but all agreed in one characteristic, that the constitutional disturbance was primary in point of time, and was out of all proportion to the local catarrhal lesion.

The epidemic ran its course in about a month, and the epidemic influence seemed to grow weaker with time, there being a larger proportion of severe cases in the first than in the second fortnight.

There were no fatal cases, but as the men soon passed from under my observation I am unable to tell whether any cases of lung disease were consequent upon this epidemic. Such a result is stated to be sometimes met with, and we have two factors that seem favorable to the development of phthisis—the state of debility in which many of the patients were left and

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the local irritation about the respiratory organs.

Complications.—At the same time with this epidemic there occurred one case of pneumonia, one of pleurisy, two of intercurrent pneumonia in phthisical patients, one of erysipelas; and in every case of phthisis—of which there was a large number under treatment—both the rational symptoms and physical signs were greatly aggravated for a time, evidently by extension of the local pneumonitis that attends tuberculization, and several of these patients, who had long been *in statu quo*, received an impetus grave-ward from which they never rallied.

Interesting questions here suggest themselves, as, 1st, were these cases of pneumonic and pleuritic inflammation merely complications of influenza, as Aitken teaches they may be, or, to use a later term which means the same thing, "localizations of general disease"; or, 2d, is there in such cases an underlying blood disease of some sort, which manifests itself in one person by influenza, in another by pneumonia, in another by pleurisy, in another, perhaps, by erysipelas, &c.; or, finally, 3d, have the diseases nothing in common except the fact that they may depend upon the same unknown atmospheric or terrestrial influences? That there was community of origin somewhere is highly probable, both from the co-incident occurrence of the cases and from the fact of these being, I think, the first cases of pneumonia and pleurisy that ever occurred at the Asylum; that there was not "localization of general disease" is a lawful inference from the circumstance that the cases of pneumonia and pleurisy ran their usual course from the first, and did not supervene upon a previous influenza; neither did the consumptives exhibit any influenzal symptoms; but a proper discussion of the second and third questions asked above would involve the opening of the whole subject of the nature of the diseases mentioned, a subject that has been much discussed but is far from being settled. While to my mind the second hypothesis would appear to best explain these cases, to another the first or third might seem preferable.

Diagnosis.—The symptoms point at once to some febrile affection, and their totality would doubtless enable any one to arrive at a diagnosis with ease. Febricula can be excluded by the intensity of the prostration and the presence of cough and expectoration; symptomatic fever by the constitutional nature of the symptoms and the

absence of physical signs; the other essential fevers by the course of the disease.

There was nothing in this epidemic to throw any new light on the nature or cause of influenza; but its character was confirmatory of the views already held, that it is a specific febrile affection; a general disease, of which the catarrhal lesions are only a local manifestation; a self-limited disease, running a definite course, and not shortened by treatment.

The Asylum is situated on low ground, and has a good deal of fresh-water marsh in its vicinity. The inmates are disabled soldiers of the late war—about one half disabled by wounds, the remainder suffering from most of the chronic ailments incident to humanity. The weather had been rainy, but not unusually cold for the season, the last of autumn.

There was a great prevalence of "colds" at the time in the city of Augusta, five miles distant, but without the severe constitutional symptoms that characterized my cases.

The treatment consisted of a mild saline cathartic at the outset; diet of toast and tea; recumbency; Tully's powder at night, in cases requiring an anodyne; this constituting the whole treatment in about one half the cases. In the more severe cases, minute doses—one eighth of a grain—of potassio-tartrate of antimony, guarded by morphine, or, to those of weak constitution, small doses of aconite—two minims of the tincture of the root—were administered every two hours. Whether any benefit was derived from this latter medication or not, is a question involved in the obscurity which generally attaches to the action of medicines. My own impression is that the intensity of the symptoms was modified to some extent, and the patient rendered more comfortable, by either of these medicines; but they did not have the striking effect that they often will in a severe but non-specific cold.

Many of the patients subsequently required tonic treatment, and some were taking iodide of potassium and various expectorants for a long time before they were rid of their coughs.

PICTURES FOR BELLEVUE HOSPITAL.—Mrs. Virginia D. Atwood has presented, through Dr. Sayre, a collection of forty-one splendid lithographs and chromos to be placed in the surgical ward of Bellevue Hospital. This is an instance of far-sighted benevolence which deserves emulation.—*Med. Record.*

AN ANALYSIS OF SIXTY-ONE CASES OF EXTRACTION OF CATARACT BY THE METHOD OF GRAEFE.

By HASKET DERBY, M.D., Boston.

IN connection with the lecture on the modern operation for the extraction of cataract,* I desire to present an analysis of sixty-one cases in which I have performed it.

One-third of these occurred in private, and two-thirds in Infirmary practice.

It should be stated in the outset that this list includes the earliest operations I performed, my knowledge of the method, as well as of the after-treatment, being purely theoretical. Nothing had then been printed on the subject. I had had the good fortune to be present at Heidelberg when Prof. von Graefe explained the operation, and my notes of his remarks were my only source of information. Most of the cases of loss of vitreous, and two out of the three failures, occurred at this period or shortly afterwards. I have since, in common with other ophthalmic surgeons, experienced a large diminution of accidents, as well as an increased percentage of success, through the manual dexterity acquired by practice and a close adherence to Graefe's later instructions.

Out of fifteen operations, performed between the first of March and the fifteenth of April, of the present year, there was but one case where the result was other than successful. This was that of a man, eighty-five-years old, one of whose eyes had been already operated on, by a colleague, without result, the vitreous having been found in an unnaturally fluid condition, and escaping in large quantity. The pupil of the second eye, where a similar state of things existed, is now completely closed, but there is good perception of light, and a subsequent iridectomy promises well.

The age of my oldest patient was eighty-five, that of the youngest fifteen; the average age being sixty.

The operations were all performed under ether. The position taken was behind the patient for either eye. The method was in the main that described in the lecture, with occasional modifications to suit individual cases. It was found on the whole that those cases did best in which Graefe's directions were most implicitly followed. Pressure on the bulb from the old-fashioned speculum was sometimes found dangerous, and my original practice was to remove it and substitute an elevator under the upper

lid, as soon as the cut was completed. But the new speculum, figured in the drawing, may be left in place from the beginning to the end of the operation.

In fifty-one of these cases no accident occurred during either the operation or the after-treatment. In four, there was a considerable, and in three, a slight escape of vitreous. In seven, the scoop had to be used to bring out the lens. Four of the eyes in which vitreous was lost were seriously diseased, and the accident is in no wise attributable to the manner in which the operation was performed.

For nearly a year past it has been my practice to remove the bandage and examine all eyes within twelve hours of the operation, and I rarely failed to find the anterior chamber largely re-established at the end of that time. In a single case, the wound remained open eight days, without apparent cause, and then healed, the patient recovering vision of $\frac{1}{1}$. The average duration of the after-treatment was 17.4 days.

The following case deserves special notice. Capt. B., aged 70, a hale, vigorous man, consulted me May 2d, 1870. His right eye presented a well-formed cataract, which had been coming on about three years. The cornea was large, the pupil responded freely to atropine and the perception of light was very good. I accordingly gave a favorable prognosis, sent the patient to the Carney Hospital, and operated May 4th. under ether. As soon as the capsule was opened an escape of vitreous took place, and I was obliged to remove the lens by a scoop, and then to close the eye, leaving considerable cortical substance behind. There was, however, no pain or irritation the following days, the cornea continued clear and the field of the pupil began to clear up. Some restlessness at night yielded to moderate doses of chloral. On the night of the 10th, he appeared more nervous than usual, and I ordered him chloral gr. xlv. He soon fell asleep and began to dream that he had been shut up by some boys in a room on the ground floor of a barn in his native town. Filled with this idea, and anxious to extricate himself from the situation, he arose, threw up his window, leaped to the ground, a distance of about twelve feet, scaled the hospital fence, and was found a short time afterwards walking down the hill, in his night-shirt and through a pouring rain, and just beginning to come to himself. He was brought back to the hospital, and I was immediately sent for. I arrived at 1, A.M., and found the patient (who weighed about 175 lbs.) lying in bed, with his face a good deal scratched, and the lids of the operated eye much swollen and firmly closed. On separating them, a stream of blood started out and trickled down his face. The anterior chamber was full of blood, perception of light quantitative, and there was some chemosis.

Strange to say, the patient neither took cold nor sustained any bodily injury. The blood

* See last number of JOURNAL.

slowly absorbed, a slight attack of iritis came on, but was readily subdued, and he left the hospital June 5th, with vision $\frac{1}{16}$.

Iritis occurred five times. In seven cases the pupil was occluded by capsule or false membrane, and Agnew's operation had to be subsequently performed.

There were three cases of failure. One was owing to diffuse suppuration of the cornea, occurring in a very feeble old woman of 77. Another depended on intra-ocular hæmorrhage, coming on suddenly and without apparent cause a few hours after the operation. The third occurred with a man of 62, whose cornea was very small, pupil hardly dilatable, and vitreous fluid. Portions of the lens were unavoidably left behind, owing to the escape of vitreous, and the eye was lost by panophthalmitis. I subsequently operated successfully on the second eye, and he was able to read with comfort, when last heard from.

The results of visual acuteness are given in the following table. Some of the examinations were made a very short time after the operation, and it is reasonable to suppose that improvement has since taken place. Six cases are marked "unrecorded." They were, with a single exception, normal operations, and the result of each was successful. But they left town before the vision could be accurately recorded, and have not as yet redeemed their promise of returning to have it done.

The three marked "undetermined" are still under treatment. Two will undoubtedly prove successful, and the chances of the third are improving daily.

No. of Cases.	Vision.
2	$\frac{2}{5}$
1	$\frac{1}{2}$
8	$\frac{1}{4}$
1	$\frac{1}{8}$
2	$\frac{1}{4}$
5	$\frac{1}{4}$
9	$\frac{1}{8}$
1	$\frac{1}{8}$
4	$\frac{1}{7}$
3	$\frac{1}{8}$
7	$\frac{1}{10}$
1	$\frac{1}{11}$
2	$\frac{1}{15}$
1	$\frac{1}{25}$
2	$\frac{1}{30}$
6	unrecorded.
3	undetermined.
3	failures.

Or, in general terms, and proceeding on the estimate of Graefe, we have, in sixty-one cases—

Failure 3
 Partial success (vision $\frac{1}{11}$ to $\frac{1}{30}$) 6
 Entire success (vision $\frac{1}{8}$ to $\frac{1}{16}$) 42

With nine additional unrecorded cases, all but one of which bid fair to come under the last head.

ON ALOPECIA FURFURACEA.*

By MORIZ KOHN. Translated from Hebra's last volume on Skin Diseases, by JAMES C. WHITE, M.D., Boston.

SEBORRHOEA of the scalp, especially seborrhœa sicca (Hebra), which is also described by older and recent authors as pityriasis capitis, is one of the most frequent causes of early baldness. On this account this form of premature alopecia may for want of a better name be called alopecia furfuracea.

Symptoms; Development; Course.—The appearances of chronic seborrhœa capillitii and those of gradually progressive loss of hair unite to form the character of alopecia furfuracea.

In the first stage of the affection the symptoms of seborrhœa are alone noticeable. The scalp, especially the crown, is covered with an abundant quantity of thin, white, shining, asbestos-like scales, which are constantly undergoing separation and regeneration, and the hairs are covered with a fine, meal-like dust. The temples are not so much affected, and the occiput least of all. Although falling spontaneously, the scales are detached in greater quantity by brushing or combing. A great quantity of them always remain, however, partially attached to the scalp.

By washing with soap, especially potash soap, or with yolk of egg (a well-known popular remedy), these last scales are also removed, and the skin then appears white and smooth, never deprived of its epidermis and moist, although sometimes reddened and shining. After a few hours, however, the same white scales, detached at their edges, make their appearance again. This condition may exist for months or years without any apparent change.

Occasionally, when the care of the head is greatly neglected, the scales collect in the form of great white, chalky masses, which crumble easily and are firmly attached by the hairs. Sometimes they are more of a yellowish-brown color and are cheesy or greasy to the feel, and as the dust

* As stated in a recent notice of this publication, the very frequent occurrence of this affection and the excellence of its description by Kohn here given, have suggested a translation in full of the chapter. J. C. W.

adheres to these easily they may become dirty-brown or even black. A slight itching is often felt in the affected parts.

This condition occurs as an almost constant symptom of chlorosis, both in males and females, and is often accompanied by cold feet and hands, cold perspiration of the palms and soles, a mild degree of acne rosacea, with a nose purple and cold at the tip, a disposition to frost-bite upon the fingers and toes, and by indigestion; while with females scanty or too copious menstruation and chloasma uterinum are especially noticed. Sterility, pregnancy, and the puerperal state frequently give rise to the above conditions and therefore also to seborrhœa. As might be inferred, therefore, seborrhœa of the scalp is peculiar to the middle periods of life, makes its appearance at puberty or sometimes not until the twentieth or thirtieth year, persists many years, and affects both sexes. After the fortieth year it is never newly developed in its chronic form.

In spite of these symptoms, however—the excessive scale formation, the occasional itching, and its long duration—seborrhœa rarely compels those affected with it to seek the advice of a physician very urgently; but in its course there is associated with it another and far more disquieting symptom, defluvium capillorum, and eventually baldness. Patients first notice that the hair falls perceptibly while combing, and later that the hairs fall spontaneously during the day. Finally, after from two to six years, during which time the excessive formation of scales and the abundant falling of hair have continued, the growth of the hair becomes gradually less, and first thin and then bald spots show themselves upon the head.

As a rule, the loss of hair is most abundant upon the lateral regions of the crown, about an inch posterior to the edge of the hair in front upon the forehead, so that in the beginning two thin places corresponding to these parts are observed which afterwards become bald. The hair upon the foremost part of the forehead remains long intact, and forms the gradually lessening anterior border of the baldness which, by the confluence of the two originally distinct patches, spreads over the whole middle portion of the scalp. Sometimes, also, the loss of hair begins at the same time upon the edge of the brow, so that finally the process stretches from the forehead backwards behind the vertex uninterruptedly and is limited by the growth of hair upon the sides and back of the head, a

form corresponding to the ophiasis of the ancients.

The portions of scalp thus affected appear white, smooth, shining, and sometimes, over the projections and sutures of the bones, they are tightly stretched, glistening and red, thin, and with difficulty wrinkled. Perfect baldness of the parts, however, scarcely ever occurs, at least not in the first years of the affection, but abundant, firm and short, faintly colored lanugo (woolly) hairs are to be seen. It is only after many years that these also disappear. It is this combination of symptoms which, in the great majority of cases, causes premature baldness in men and women. It is on this account that I propose to examine more particularly the pathological process which underlies them.

If we observe the circumstances of the normal growth of the hair they will be seen to differ in no way materially from its condition in a pathological state. Every individual hair has a certain natural period of existence peculiar to it.* This may be called the normal duration of life of the hair, which varies according to its position, and the age and health of the person. When the hair has reached the normal end of its existence, it falls and is replaced by a new one, which is formed in the old follicle, either from the former papilla, or from a new one starting either from a development of cells near it (Heusinger†), (Kölliker‡), or from a lateral bulging of the old hair follicle (Steinlin§). The thicker any hair is, the longer its life *cæteris paribus* and the greater its length, and *vice versa*.|| Thus a normal hair may have an existence of a year or more, while the hair of the same follicle under pathological conditions may be reduced to a life of three months or less.¶

To the same extent as the normal duration of a hair is shortened are its normal length and thickness also reduced. The hairs growing upon any one region of the skin, upon the back of a phalanx of a finger, for instance, differ materially in age and thickness, and therefore in their normal term of existence and length as well. The termination of life of the individual hairs of any such portion of the skin therefore never occurs simultaneously, and as a rule a pe-

* Donders im "Archiv für Ophthalmologie von Arlt, Donders und Graefe," iv. B., i. Abth.

† Meckel's Archiv, 1822, pag. 517.

‡ Mikroskopische Anat., Leipzig, 1850, p. 143 et seq.

§ Steinlin, zur Lehre von dem Baue und der Entwicklung der Haare, Henle und Pfeuffer's Zeitschrift, ix. B., p. 288 et seq., Taf. viii.

|| Pincus, Virchow's Archiv für Path. Anat., 41 B., 1867, p. 324.

¶ Id., l. c., 37 B., 1866, p. 39.

riod amounting at least to a quarter of the whole life of the shorter hairs (some three to five weeks for those upon the backs of the fingers for instance) passes before a second one takes the place of that which has fallen.*

The uniformity of the growth of the hair, that is in numbers and length, depends, therefore, upon the continuance of the normal relations which exist between the normal duration of life of single hairs and the natural after-growth. Any disturbance in these relations which shortens the typical period of existence of single hairs produces also a disturbance in the natural process of succession, so that the growth of hair is in this way gradually lessened; and inasmuch as with such diminution in its term of life each hair is also shorter and thinner, the progress from noticeable thinning to final baldness is thus plainly indicated. If, now, we follow this progress we shall come to a better understanding of the processes which are at the bottom of alopecia præmatura ex seborrhœa.

Pincus, whom we have already mentioned several times, has investigated more minutely than others the changes which the hairs undergo in their development in this affection, and the results of these laborious and difficult observations are published in the *Archiv für patholog. Anatomie, Physiologie, und klinische Medizin*, especially in volumes 37, 41, 43, 45, &c. He has not yet, however, gone far enough with his discoveries to lay down rules applicable to the changes of the hair in every case. Many points are still obscure even to himself, and perhaps others are not susceptible of such absolute demonstration as he is inclined to represent, but his labors have furnished such a quantity of positive data, which are supported by clinical observation hitherto made, that they should be received with the greatest respect.

Pincus recognizes two stages of the affection, the first of which is characterized by excessive scale-formation upon the head, the second by perceptible loss of hair. The former is, in his opinion, as in that of many older authors, a pityriasis, and he therefore calls the disease alopecia pityrodes. Hebra's title for this condition, seborrhœa sicca, he does not admit, although he himself says that the scales of pityriasis capitis, after they are extracted with ether, consist in great part, three fifths of their weight, of the secretory products of the sebaceous glands altered by disease. On

this account, however, as well as from consideration of Hebra's views and my own earlier expressed opinions regarding seborrhœa, I must insist upon the seborrhœic character of the scale-formation which gives rise to the alopecia, but hope by the adoption of the name alopecia furfuracea likewise to show my respect for the nomenclature of Pincus.

This observer, by counting and other special means of observation, has made an accurate estimate of the amount and method of the daily loss of hair in the first stage of alopecia, that is the seborrhœic. The hairs upon the heads of men either show the marks of the scissors, or they do not; the latter he calls (*Spitzenhaare*) pointed hairs. In the common style of wearing the hair, in which its length is some two inches or more, the relation of the pointed hairs to the whole loss is a constant one. In women he looks upon the short hairs as analogous to the pointed in men. These latter are normally of shorter length and have a shorter period of life (four to nine months) than the others, which last from two to four years, and are mostly developed upon the borders of the scalp. In the normal condition the minimum of the daily loss in the cases observed ranged from 13 to 70, and the maximum from 62 to 203 hairs.*

According to Pincus, the development of alopecia is characterized by the fact that the numerical relation of the pointed hairs to the whole loss is positively increased, without any necessary increase in the absolute daily fall above the normal limits. The average amount of the daily loss in healthy persons and in those affected with alopecia therefore lies within the same limits; but while normally the relation of the pointed hairs which fall to the whole loss is as 1 to 18, in alopecia it is as 1 to 8, and in the second stage even as 1 to 2. The first stage of alopecia presents, therefore, the following characteristic, that in the beginning a small, and later a larger number of hairs are gradually abbreviated in their normal development and duration.

This circumstance, which has been already referred to above and is here corroborated in another form, demonstrates that the hairs fall out of season. But this, as one sees, may not necessarily of itself produce baldness, but at the most lead to the production of short and thin hairs. In case

* The translator has omitted, in this connection, a note concerning Hebra's views in relation to the pathology of seborrhœa, as they may be found in the Sydenham translation of his works.

* Pincus, Virchow's *Archiv für path. Anat.*, 41 B., p. 324.

baldness finally results, there must take place at the same time with these changes in the growth and typical fall of the hair a disturbance in the normal reproduction of the same, and this is the point by which we are led to the direct cause of the alopecia, to seborrhœa.

This consists in the excessive discharge of cells from the sebaceous glands. As a natural accompaniment of this there must be a more abundant production of, as well as some organic change in, the sebaceous cells, which may be called fatty impregnation. The cells of the external root-sheath corresponding to the elements of the rete mucosum are continued within the sebaceous glands, the walls of which are lined by them, analogous to the parenchymatous cells of other glands. If, now, the cells of the sebaceous glands become affected in this way and are thrown off in excess, as would naturally be supposed, the same process must eventually affect also the continuation of this cellular lining, that of the root-sheath of the hair. The consequence of such a nutritive change and mechanical disturbance in the elements of the latter must cause the loss of the hair. In fact Kölliker, Heusinger and others explain the normal falling of the hair in this way; only that in this case there is but a temporary hyperplasia of the cells of the root-sheath. If this hyperplasia diminishes, the cells then become firmer and the production of a new hair may follow, either by their simply furnishing nutriment to a hair formed from the papilla, or by being themselves in their central portion directly transformed into hair tissue (Kölliker). Such conversion takes place, in fact, in very advanced stages of alopecia furfuracea, and in a perfection that leaves nothing to be desired. If, however, the seborrhœa and the defluvium capillorum have lasted six, eight, ten years or over, and during that time there has been no reproduction of new hairs, then a return to the normal state is no longer probable, and, as time goes on, no longer possible even. Of course, when the process has lasted as long as this, the papillæ and their vessels become so far atrophied* as to be no longer capable of producing new cells† for the young hair bulbs. The baldness then becomes permanent.

* Steinlin, in the article above referred to, demonstrates the existence of such change, even in the normal state, and explains the air-spaces in the centre of the hair by such atrophy of the vessels.

† The succulent cells of the root of the hair, which extend into the cellular layer of the external sheath at the periphery are formed at that point. See Biesiadecki in Stricker's Handbuch, iii. Heft, 1870, p. 600; and Kölliker, p. 129.

Only by such a comprehensive view, founded upon the elementary condition of the normal development of the hair and upon the anatomical and physiological relations of its metamorphoses, can the unity of the process in alopecia furfuracea be established. In the beginning, the excessive formation of scales (seborrhœa) appears; then after some months follows the abundant loss of hair, its quantity appearing thinner, while slenderer and shorter hairs at first and later only the lanugo hairs are reproduced; and, finally, these also fall, and all the more quickly as the typical period of the hair is shortened the more slender its growth. In conclusion, the growth is everywhere reduced to its minimum, and the scalp becomes bald.

However sharply Pincus would define a second stage of alopecia (pityrodes), the transition to the symptoms of such cannot be distinguished; and this he admits, inasmuch as he is obliged to acknowledge, in opposition to his specifications of the first stage, that the absolute fall of hair increases with the progress of the affection, so that while in the early stage of alopecia it amounts on the average to 76 daily, in the later it gradually mounts up to 300. The facts which he mentions, however, as peculiar to this stage are quite correct, and analogous to those stated by me; namely, that the diameter of the individual hairs becomes smaller; that gradually thinner and finally only wooley (lanugo) hairs are produced, and that the latter at last fall out in great quantity; in short, that by excessive limitation in the growth of the hair permanent baldness is finally accomplished.

Anatomy.—The most important of the anatomical relations have already been mentioned in what has been stated, so far as they illustrate the process in alopecia furfuracea. It remains to be mentioned that as the disease progresses the hairs may be easily pulled out; that the root-sheath is generally more or less perfectly attached to the hair when thus pulled and sometimes bent upon itself, as in alopecia areata; and that the hairs which fall in the later stages appear especially thin in the radical portion. Pincus adds that he has found the corium layer of the skin constantly thinned.

Prognosis.—Considering the nature of the changes which underlie alopecia furfuracea as well as its course, we shall be able in the first years of the affection to form a comparatively favorable prognosis, so long in fact as hairs continue to be produced, even if they are only lanugo hairs. Up to this point an invigorated growth,

that is an increase in the thickness, length and duration of the hairs, or, in other words, a return to the normal condition may still be possible. When once, however, the growth of hair has ceased in many places, or when baldness has set in, then for such parts little hope can be given. In general, it may be stated that in the first four to eight years of the affection, which may be only tardily recognized, a return to the healthy state may result either through judicious treatment or by spontaneous improvement in the condition of the parts.

Etiology.—I have mentioned, in another portion of this volume, the causes, both the external and those within the economy, which may give rise to *seborrhœa capillitii chronica* and so to *alopecia furfuracea*, and which may be arranged in the three classes, chlorosis, anæmia and cachexia.* I do not agree with those pessimists who believe that later generations are more affected with early baldness than the races of past centuries; but that *alopecia præmatura* is a sufficiently frequent occurrence is a fact not to be overlooked. A glance over the heads of the audience at a theatre reveals a parterre of bald heads. Such an occasion shows too that men are much more frequently affected than women, and this observation is true in spite of the supposition that the latter are better able to conceal their loss of hair by artificial means. But it is not only true that the affection is less frequent in women than in men, the baldness also seldom attains so great dimensions in the former. It is generally confined to the middle of the crown, corresponding to the sagittal suture, and distinguished by the parting of the hair appearing wider than usual. It remains, nevertheless, mysterious why this form of *alopecia* should occur more frequently with men, inasmuch as with women the symptoms of chlorosis are much more frequent and severe, and the periods of puberty and child-bearing furnish so much more abundant opportunity for the development of anæmia. The attempt to explain this by the supposition that chlorotic females resort to treatment earlier than males is not satisfactory, because we find many women, especially among servants, who suffer from severe chlorosis for many years without the slightest treatment, and yet are not affected with *alopecia*. We can only remain satisfied, therefore, with the scanty data of our

experience, and not overlook the fact that our idea of chlorosis is not sharply defined but comprises a collection of symptoms which are different in men and women. There is no doubt, however, that these symptoms do often occur in men affected with *alopecia furfuracea*, namely: chronic indigestion, coldness and cyanosis of the hands, feet and nose, that is sluggish circulation in the capillaries of the periphery, a disposition to frost-bite, pallor and dryness of the skin, &c.; while in other cases the *seborrhœa capillitii* is the only indication of chlorosis in the person affected. The result of treatment, moreover, confirms the correctness of this view of the etiological relations of the affection.

But *seborrhœa* of the scalp is also the intimate cause of another series of varieties of *alopecia*, which have been already partially considered above. The *defluvium capillorum* which often follows exhausting general diseases, such as typhus, puerperal affections, tuberculosis, carcinoma, &c., and is succeeded by temporary or partially permanent baldness, may, 'tis true, in many cases, be regarded as the result of the depression of the general nutrition. In many other cases, however, the loss of hair is evidently caused by a *seborrhœa*, which is readily developed after such weakening diseases, as in anæmic conditions generally, and which once existing remains as an independent affection for months and years, producing gradual loss of hair in the form of *alopecia furfuracea*.

After variola, *defluvium capillorum* not unfrequently occurs, and in such cases the loss of hair takes place in two ways. Sometimes many of the hair follicles are destroyed during the process of the formation of the efflorescences, as in acne, pustular syphilides and the like, the walls of the follicles and the sheaths of the roots being destroyed by the suppuration of the pustules and the accompanying scar formation. When many of the follicles are destroyed in this way, there remains a corresponding degree of permanent baldness. At other times the eruption does not affect the tissues of the corium so deeply, and the follicles in great part escape uninjured.

Then, too, after the occurrence of smallpox, an affection of the sebaceous glands sometimes comes on, which was originally described by Hebra as *seborrhœa congestiva*,* and which is capable of farther development in parts into *lupus erythematosus*.† It gives rise to the formation of

* It is inexplicable how Pincus, after he has separated *alopecia pityrodes* so sharply from *alopecia eczematodes*, *rheumatica*, &c., can make a "chronic eczematous or impetiginous eruption upon the scalp" a cause of the same *alopecia*.

* Zeitschr. d. k. k. ges. d. Aerzte, 1845, Bd. i. p. 40.
† Moriz Kohn, zum Wesen und zur Therapie des Lu-

yellowish-white or dirty yellowish-brown crusts, which feel fatty, and collect one above the other often in considerable quantity. If these are raised, there are seen on their under surface small comedo- and nipple-like projections, which are the continuations of the crusts into the openings of the sebaceous glands. The skin itself appears somewhat reddened, fatty and shining, and the openings of the sebaceous follicles are enlarged and surrounded by a red border, and when rubbed hard they bleed. Clinical observation and microscopic examination show that the papillæ in the vicinity of the hair and sebaceous follicles are in a state of cellular infiltration, presenting the appearance of chronic inflammation. If after the removal of the crusts of sebum the skin be left without further care, the fatty matter soon collects again, at first in the form of a shining coat, and after a day or two as thick crusts. When this form of seborrhœa becomes chronic, the scales lose their fatty character and become drier, while at the same time they become smaller, more bran-like, and fall more abundantly; in short, it is transformed into a seborrhœa sicca (furfuracea); and this form in the following years may give rise to alopecia like idiopathic seborrhœa of the scalp.*

Prognosis.—From the preceding descriptions of the course and of the causes of alopecia præmatura symptomatrica, it is evident what are the conditions under which the baldness will be permanent or may be relieved by a new growth of hair. It may be stated in general that the more hair follicles are destroyed in course of the process, the less possible becomes the reproduction of the hairs, and that the most favorable chances are for those cases in which the loss of hair has been rather occasioned by a congested or inflamed condition of the scalp. Cases which exhibit many and deep scars upon the bald parts of the scalp are unfavorable; as after the deeply destructive processes of variola, acne varioliformis, ulcerating syphilides, lupus vulgaris, lupus erythematosus, &c. Most favorable, on the other hand, are those which appear after eczema of the scalp, psoriasis, erysipelas and syphilitic and non-syphilitic forms of seborrhœa. With regard to the latter it is to be observed that recovery may all the more probably be expected, the more quickly is the process checked, either spontaneously or by proper treatment, which

gives rise to it. In alopecia furfuracea, for example, which has a very chronic course, a perfect or partial recovery is possible, even when it has existed from four to six years.

[To be concluded.]

Reports of Medical Societies.

MASSACHUSETTS MEDICAL SOCIETY.

FIRST DAY'S PROCEEDINGS.

A session of the Society was opened in this city on Tuesday, June 6th.

At 10 o'clock, the Fellows visited the Massachusetts General and City Hospitals, and attended the surgical visits and operations.

At 12 o'clock, the members assembled in the hall of the Lowell Institute. The President, Dr. Samuel A. Fisk, of Northampton, called the meeting to order. Scientific papers were then read, as previously announced, by their authors, as follows:—

1. Dr. Edward Wigglesworth, Jr., Boston, *Baldness*.

2. Dr. Henry Tuck, Boston, *Torsion of Bloodvessels*.

3. Dr. R. H. Fitz, Boston, *Tuberculosis*.

At 2 o'clock the Society adjourned. At 4 o'clock the Society reassembled, and listened to the reading of the following papers:—

4. Dr. Wm. L. Richardson, Boston, *External Manipulation in Obstetric Practice*.

5. Dr. H. I. Bowditch, Boston, *Venesection*.

Dr. Bixby showed a specimen of the wood Cundurango, mentioned by us in the JOURNAL of May 11th.

COUNCILLORS' MEETING.

The councillors of the Society held their annual meeting at No. 36 Temple Place, at 7½ o'clock, 64 members present, the President, Dr. S. A. Fisk, in the Chair. The records of the last meeting were read and accepted.

The President, according to custom, then appointed a committee of one from each district to nominate officers for the ensuing year. Dr. Comstock, of Middleboro', in obedience to instruction from the Bristol South District Medical Society, moved that the councillors of each district choose their respective members of the nominating committee. After considerable discussion, the motion was lost. The committee then retired, and, upon their nomina-

pus erythematosus. Archiv für Dermatol. und Syphilis, 1869, i. Heft.

* The translator has omitted here the section on Alopecia Syphilitica.

tion, the following officers were elected for the ensuing year :—

President, Samuel A. Fisk, Northampton; *Vice-President*, Ebenezer Hunt, Danversport; *Cor. Sec.*, Dr. C. D. Homans; *Rec. Sec.*, Dr. C. W. Swan; *Librarian*, Dr. J. C. White; *Treasurer*, Dr. F. Minot; *Orator*, Dr. N. S. Babbitt; *Anniversary Chairman*, Dr. R. M. Hodges; *Committee of Arrangements*, Drs. C. D. Homans, R. M. Hodges, A. P. Hooker, A. Coolidge, J. N. Borland, R. Amory and A. H. Nichols.

The report of the Treasurer, which was read and accepted, showed that the receipts of the Society for the past year were \$10,418.21, including a balance of \$2,335.38 from last year; expenditures \$7,799.61; leaving in the Treasurer's hands \$2,618.60.

The several standing committees made their reports, which were accepted.

The President announced the usual standing committees.

A proposition to reduce the annual assessment from five to three dollars was negatived. A proposition to refund two-fifths of the assessment to the District Societies was also lost.

For the purpose of settling a vexed question, the following preamble and resolutions were then offered, and, after a stirring discussion, were passed with only two opposing votes.

Whereas, the Massachusetts Medical Society has always endeavored to make, as its charter emphatically enjoins, "a just discrimination between such as are duly educated and properly qualified for the duties of their profession, and those who may ignorantly and wickedly administer medicine"; while at the same time it has ever acted in accordance with the "liberal principles" of its foundation, and shown itself ready to examine and adopt every suggestion, from whatever source, promising improvement in the knowledge and treatment of disease,—

And whereas it is alleged that some of its Fellows, in opposition to the spirit and intent of its organization, consort, in other societies or elsewhere, with those whose acts tend "to disorganize or to destroy" the Society,—Therefore

Resolved, that if any Fellow of the Massachusetts Medical Society shall be, or shall become, a member of any society which adopts as its principle in the treatment of disease any exclusive theory or dogma (as, for example, those specified in Art. I. of the By-Laws of this society), or himself shall practise, or profess to practise, or shall aid or abet any person or per-

sons practising or professing to practise according to any such theory or dogma, he shall be deemed to have violated the By-Laws of the Massachusetts Medical Society by "conduct unbecoming and unworthy an honorable physician and member of this Society."—*By-Laws*, VII. §5.

Resolved, in case the society concurs with the councillors in the preceding resolution, that the President of the Society shall appoint a committee of five Fellows (to hold office one year and until others are appointed) to bring before a board of trial any Fellow who, three months from this date or after, shall be found chargeable with the offence set forth in the foregoing resolution.

Resolved, that, after concurrence by the society, the foregoing preamble and resolutions shall be printed, and a copy sent to every Fellow of the Massachusetts Medical Society.

Resolved, that a committee of three be appointed by the chair to report the action of the councillors in the foregoing preamble and resolutions to the society to-morrow for concurrence.

Dated June 6, 1871.

The president appointed Drs. Cotting of Norfolk, De Wolf of Hampshire, and Sabin of Berkshire, to present the resolutions to the society at their annual meeting.

Dr. Wellington, chairman of the committee appointed by the councillors to prepare a representation to the American Medical Association concerning the treatment received by the delegates of the Massachusetts Medical Society in 1870, presented a report, which we shall probably publish in a future number of the JOURNAL.

The councillors then partook of a collation furnished in the ante-room by the committee of arrangements.

Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 8, 1871.

A VERY LAME REPLY is given by a certain New York weekly to an Editorial paragraph in the JOURNAL of May 4th, entitled Plagiarism. Our complaint was that that Journal contained an article copied bodily from our own without any show of credit. To this the following rejoinder is made :—

"We reply that we have not seen the *Boston Medical and Surgical Journal* for

many years, that we found the translation of Desor in a newspaper, without any indication of its origin, that we did not copy it *verbatim*, as the *Journal* alleges, but modified it considerably, if we remember rightly, and finally that, if we had known the origin of the translation, we should have given due credit for it."

In answer to this we say, that two copies of this JOURNAL have been sent as exchanges weekly to the office of the Messrs. Appleton for several years; that, if the translation were taken from a newspaper of whatever character, as they state, they have failed to give *that* paper the credit which is apparently its due; of the truth of the final statement, we consider ourselves incompetent to judge.

We have taken the trouble to have the two impressions of the article compared, and we find that the following discrepancies exist: we give the different readings—"For which he [they] cannot account"; "the most recent data that [which] we possess"; "is [also] not less than;" the change of the title of the article; the omission of an explanatory note from the translator, of a foot-note of four lines, and of three explanatory French expressions; and a change in the spelling of two words—in these we have the only differences observable in the *copy* of the article on the Climate of the United States and the original.

MASSACHUSETTS COLLEGE OF PHARMACY.—The third annual commencement of the Massachusetts College of Pharmacy was held in Horticultural Hall on the 18th ult. The President, Mr. S. M. Colcord, delivered an address on the condition and resources of the College. Prof. Babcock, of the College, then read portions of two theses by members of the graduating class, on "Citrate of Iron and Quinine," and "Capsicum, with Assays of its Commercial Powder." The graduates of the College this year are George H. Beale, Belford A. Cuthbert, Linus D. Drury, Charles M. Howe, William B. Hunt. At the completion of this part of the exercises, Prof. Tracy presented a valuable hydrometer to Mr. L. D. Dewey for proficiency in studies.

The valedictory was read by Prof. Geo. F. H. Markoe. He spoke of the new and

enlarged field of action upon which the students were to enter, in the enjoyment of their professional rights, and referred to the associations and lessons of the occasion. As pharmacutists, he said, they must still continue students, especially of chemistry and botany. By devoting their leisure hours to the study of science they would ennoble their characters and elevate their profession. They should look well to the details of their art, bearing in mind that what was worth doing at all was worth doing well. The pharmacist should most carefully avoid invading the domain of medicine. The professions should be kept entirely distinct; either one affords scope for the best abilities, and there was no excuse for the practice of both by the same person. He exhorted the graduates to remember the importance of their duties and acquit themselves like men.

The diplomas were then presented to the graduating students by the President.

The exercises closed with an address by Rev. J. M. Manning.

The annual meeting of the Association of the Alumni was held on Friday evening, May 19th. The members of the graduating class were elected members of the Association. The annual address was delivered by the President, Mr. G. F. H. Markoe, after which the following officers were elected for the ensuing year:—

President, Prof. G. F. H. Markoe. *1st Vice President*, C. B. R. Hazeltine. *2d Vice President*, J. T. Brown, Jr. *Treasurer*, Charles H. Bassett. *Secretary*, Thomas Doliber. *Executive Committee*, J. H. Dyer, Edward S. Kelley, John C. Lowd and Geo. E. Raymore. *Delegates to the American Pharmaceutical Association at its meeting in September*, Charles A. Tufts, Thomas Doliber, George H. Beale, George E. Raymore and J. Howes Dyer.

The meeting then adjourned, and partook of the annual supper. Several sentiments were offered, which were responded to by officers of the Association and the invited guests.

A bust and scholarship in memory of Oppolzer are proposed in Vienna. Subscriptions are being taken for the object.

and may be forwarded to Dr. Kraus, at the office of the *Allgem. Wiener Medicin. Zeitung*. Why should we not have a contribution from those Americans who have followed the steps of the old Professor?

VACCINATION AND SYPHILIS.—A friend kindly points out an error into which we were led in the last number of the *JOURNAL* in speaking of the child as affected with "latent syphilis." The expression was that used in the *Medical Times and Gazette*, and misled us; in another part of the article the child is spoken of as having had "snuffles" and mucous patches about the anus. But, whether latent or patent, the point made by Mr. Hutchinson is that, in his belief, syphilis is communicable by the vaccine lymph.

"DEATHS FROM ANÆSTHETICS." INNOMINATUS AGAIN.—The profession in England and Scotland seem at length to be awakening to the "perils of chloroform." The last three numbers of the *British Medical Journal* have each a leading article on "deaths from anæsthetics;" and the Medico-Chirurgical Society of Edinburgh have had the subject under discussion. "The great frequency with which chloroform has proved fatal where it has been administered to produce only momentary insensibility to pain, has now been frequently observed" (*British Medical Journal*), and cannot longer be winked at, or kept out of the "newspapers," of which the "Britishers" seem to have an "unwholesome" dread. The deaths have been too frequent, and the cause of the deaths undeniable;—there can be no question on these points. The public begin to see it; and coroners' juries to bring in verdicts of manslaughter (e. g., at Yokohama). It is time for the profession to take heed to its ways. "We cannot help thinking it really in their own personal interest, as well as in the great interests of science and humanity, that there should be no holding back," &c.—*Br. Med. Journal*.

Still the *Journal* itself hesitates—cannot accept ether fully, as yet—would try the nitrous oxide—worries itself with its Edinburgh friends over the best means to avert danger,* and discusses, as ineffectively as

they, the modes and causes of deaths from chloroform.

Why stop, in practice, to inquire why and how chloroform kills? It kills! and kills often, mixed or unmixed, pure or impure, with or without alcohol, and when given by the most experienced to the healthiest and heart-whole subjects! Is not this enough?

Ether never kills in such circumstances—nor unquestionably in any other so far as known. Besides, it can generally be given "rapidly" enough and with as "admirable completeness," if the administrator will select his article and not hurry his patient too much at first. Moreover, no "graduated apparatus" is required or desirable;—a napkin folded into a cone, enclosing a sponge or a few rags, is all that is needed, and is the best "apparatus" after all.

Repeating these things thus, once more, for the benefit of our trans-Atlantic brethren who, from what we have seen and what we can learn, do not even at this late day, with rare exceptions, know how to administer ether properly or thoroughly—we make a few extracts from the papers alluded to, which show the reluctant concessions already forced from the hitherto partizans of a terribly dangerous agent.

"We shall venture also to express the opinion that the inconveniences incidental to the administration of ether have too great weight with our administrators of chloroform generally; and that, if the patient were frequently given the choice, he would more often prefer the inhalation of ether as an anæsthetic, which is practically safe, to chloroform, which, though easier of application, is by far the most dangerous agent. The difficulties of administering ether are certainly not such as need deter careful and intelligent operators from promoting its use. By using Snow's inhaler and Sibson's mask, they are reduced almost to insignificance. It never failed, in any one case in Snow's hands, to produce anæsthesia, generally rendering adults insensible in four or five minutes, and children in two or three minutes.

"The exclusive use of chloroform is almost confined to this country. We are disposed very earnestly to plead for a more extended employment of ether and of protoxide of nitrogen. Nothing has yet been found to rival chloroform for universal convenience; but convenience may be too dearly purchased. It is, if the price paid seems to involve a sacrifice of life—and of life doubly sacred to us, because especially

Note, by a Proof-reader.—The best means of averting danger are now likely to be employed—the same as indicated in this *JOURNAL* some months ago, viz., a few verdicts of manslaughter.

entrusted to our keeping. On these grounds, we urge a revision of our customary anæsthetics in this country; and, as the facts lie before us, they support the absolute interdiction of chloroform for dental extractions, the substitution of protoxide of nitrogen for these and for minor surgical proceedings such as we have indicated—and the substitution of ether for chloroform inhalation over a large range of surgical cases. What we may lose in convenience we shall gain in safety.”—*British Medical Journal*, April 29th, 1871.

And Innominatus asks no more!

PROF. WM. T. BRIGGS, M.D., of the University of Nashville, relates a case in the *Nashville Journal of Medicine and Surgery*, for February, 1871. He introduces his remarks in the following suggestive manner:

I had been using chloroform so long and so frequently in my practice, and with such satisfaction, that I was fain to believe that death would never take place from its effects, if it was properly administered.

In a lecture on the subject of anæsthesia, delivered to our class but a few weeks since, I gave a decided preference to chloroform over all other anæsthetics, because, while it was more pleasant, prompt and powerful, I was satisfied that, with proper care, death would result very rarely, if ever, from its action.

In less than a month after my confident assertion to the contrary, death *did* result, during its administration, to a patient in my own practice.—*N. Y. Med. Jour.*

PROF. BILLROTH TO THE STUDENTS.—You see there is much to do and to learn; with patience and perseverance you will accomplish it all. These virtues are necessary to the study of medicine. “Student” comes from “to study”; hence you must study faithfully. The teacher indicates to you what he considers the most important; he may stimulate you in various directions. What he gives you as positive may, it is true, be carried home in black and white; but, to cause the positive knowledge to live in you and become your mental property, you must depend on your own mental efforts, which form the true “study.” When you conduct yourself as a passive receptacle you may, it is true, acquire the name of a very “learned person”; but if you do not awake your knowledge into life you will never become a good “practising physician.” Let what you see enter your mind freely, warm you

up, and so occupy your attention that you must think of it frequently; then true pleasure and appreciation of this mental labor will fill you. Goethe, in a letter to Schiller, aptly says:—“Pleasure, comfort and interest in the affairs of life are the only realities; all else is vanity and disappointment.”—*General Surg. Pathol. and Therap.*

THE PRESENCE OF MANGANESE IN BEECH-NUTS. By Dr. J. E. DE VRIJ.—In the introductory address of the chairman of the last Pharmaceutical Conference at Liverpool, my attention was fixed by the following sentence:—“By some authors it has been denied that plants absorb from the earth such metals as are not absolutely essential to their nutrition. Experiments, however, afford strong evidence to the contrary. Mr. R. Warington (*Jour. Chem. Soc.*, 1865) found in the ashes of the beech and birch 0.193 per cent. of manganese.”

This quotation of Warington’s investigation induces me to mention the fact observed by myself more than twenty years ago. As at that time the investigation of the ashes of plants occupied a great many chemists, I also analysed some ashes. Amongst them were the ashes of beech-nuts collected by me in the neighborhood of Giessen, in Germany. As there exists a great quantity of manganese ore in that vicinity, the presence of a relatively large quantity of manganese in these ashes seemed to me quite natural. In 1847, being at the meeting of the British Association at Oxford, I visited the beautiful park of Blenheim, and collected there on that occasion some unripe beech-nuts. After returning home, I analysed their ashes and found also in these, although grown in a very different soil, the presence of a relatively large amount of manganese. A third analysis of the ashes of beech-nuts, collected in the wood of the Hague, confirmed the same fact. As I was accustomed to use the ashes of beech-nuts in my lectures to demonstrate the reagents for manganese, this fact has been fixed in my memory.—*London Pharm. Jour.*

THE PATHOLOGY OF THE FLOATING KIDNEY.—Dr. Rud. H. Ferber reports in *Virchow’s Archives* (vol. lii. p. 95) two cases of floating kidney, and makes a few remarks on the pathology of this affection. In one of his cases the patient had a severe fall upon his back, and he is disposed to think in most cases of movable kidney that inquiry

will show that the patient has at some time or other received an injury to his back. If from any cause the cellular tissue about the kidney or the duodeno-renal ligament becomes relaxed, the organ is then retained in its place only by the large bloodvessels; and if the peritoneum is at the same time yielding, it will move freely about the abdomen, its movements certainly being restrained only by the bloodvessels and the ureters. In young subjects the kidney will sometimes be found in the true pelvis, but it is rare that the tissues are so yielding in older people. In the second of his cases, Dr. Ferber attributes the displacement to fright. This, as is well known, occasions an increased secretion of urine, and consequently a congested condition of the kidney and an increased weight.

Dr. Ferber's first patient was only 16 years old; which is younger, he says, than any other patient whose case is reported. The affection is much more common in women than in men, for in nine only out of fifty-nine cases the patients were men. Sometimes the displacement of the kidney gives rise to considerable disturbance of nutrition, as in the first case reported in Dr. Ferber's paper, in which pyelitis was set up in consequence of irritation; and sometimes to pressure upon the various nerve-plexuses in the abdomen.

Dr. Ferber takes occasion to recommend the preparations of lead in pyelitis, and says that in both his cases great general improvement followed the drinking of the blood of oxen.—*Med. Times*.

EXTRACT OF MEAT.—The "Extractum Carnis," known as Liebig's, is now extensively employed in medical practice. Now and then doubts are expressed relative to the nutritive value of the commercial extracts, and, occasionally, undesirable effects follow their administration. It is well known that the extract, whether prepared in the open air by the Liebig process, or *in vacuo* by the Borden method, can contain no albumen. The albumen is coagulated, and therefore excluded during the manufacture, so that the extract consists, as shown by E. Reichart's analysis, of

Water separable at 110°C.,16
Mineral constituents18.20
Nitrogen9.51
The extract is rich in potassium salts.	

Dr. Kemmerich has recently published in *Schmidt's Jahrbucher*, a detailed account of the physiological effect. An estimate of

the nutritive value of the extract just referred to is given.

He found by experiments on living animals, that extractum carnis in the form of soup, also meat broths and gravies of ordinary concentration, and free from seasoning, produce in the stomach active hyperæmia of its mucous membrane, especially at the gastric follicles. Hence, he concludes that extract of meat increases the activity of the follicles and hastens the secretion of gastric juice.

There is, moreover, a noticeable change in the character of the cardiac pulsation. The throb becomes more frequent, much stronger, arterial tension is increased, the pulse is made full and more rapid. He noticed also that a person by taking a little over one hundred grains of meat extract in the morning, experiences a slight elevation of temperature of the body above that of another person in substantially the same condition, and this elevation is followed by a corresponding depression.

The increase of temperature may be attributed to the increased circulation of the blood and consequently augmented oxidation of the tissues.

The extract of meat affords nutriment, but its improper use may be very injurious.

Dr. Kemmerich's study of the nutritive value was conducted by means of experiments on two dogs of the same birth and weight, subjected to the same vital conditions. To the food of one the mineral salts of meat extract were added, to the food of the other an equal quantity of common salt. The food was for both "animal albumen" separated from the aqueous solution of the muscle of the horse. The dog fed on the meat extract and albumen, soon weighed more than the other. In the course of six weeks the dog fed on salt was hardly able to stand, while the other was bright and energetic.

The conditions were then reversed with very remarkable results. In a fortnight the reduced dog was fully restored, and in four weeks excelled the other in bodily vigor.

Dr. K. concludes that the extract of meat is a true restorative stimulant, with the further advantage of affording elaborated material for the formation of tissues.—*Bowdoin Scientific Review*.

DEATH UNDER MYTHELINE.—At Charing Cross Hospital, another death under bichloride of mytheline has occurred in a case of amputation of the finger. Mr. Canton gave evidence at the inquest which resulted in a

verdict that the "deceased died from the effects of mytheline properly administered." Mr. Canton stated that at the *post-mortem* examination—

"There was not the slightest trace of any action of the mytheline on either the heart or brain, the organs mainly affected by chloroform when administered. The only way he could account for the man's death was, that being in a state of great nervous excitement at having to undergo the operation, the mytheline had acted upon the nervous system, producing instant death. He had known death to have resulted under an operation from the nervous excitement of the patient without chloroform having been inhaled. There was no doubt that the death of the deceased had been produced by the mytheline he had inhaled. The cases of death while under the influence of mytheline were extremely rare. In all probability the deceased would have survived the operation had it been performed without his inhaling the mytheline, which was administered at his own request. He never allowed mytheline to be administered to a patient about to undergo an operation unless with the patient's full consent after due deliberation.—*Med. Press and Circular.*

PATHOLOGY OF THE PROSTATE GLAND.—

Dr. Kraus states it may now be laid down as a rule, admitting of but few exceptions, that all diseases of the prostate take their origin in catarrh of the urethra or bladder. In consequence of the entrance of large quantities of the catarrhal secretion the gland becomes greatly swollen and enlarged, and the entrance of the secretion he attributes to the loss of tone in the bladder, by which the secretion is arrested in the prostatic portion of the urethra, and, subjected to pressure, thus is forced into its ducts. The cavity of the caput gallinaginis also becomes filled with the secretion, and from thence the catarrhal inflammation spreads along the ejaculatory ducts to the vesiculæ and epididymis. In some cases copulative power becomes lost by the agglutination or entire adhesion of the ejaculatory ducts. Bloody semen occurs when in hæmorrhagia or vesical catarrh the semen is forcibly expelled through the adherent ducts. Muscular tissue is so prevalent in its texture that the formation of abscess in its substance is a very rare occurrence. Strictures of the urethra from enlargement of the prostate are also of extreme rarity, as the urethra has a large play between the corpora cavernosa, and can exert much lo-

comotion before being interfered with by enlargement of the prostate.—*Med. Times and Gazette.*

THE AFTER-TASTE OF QUININE.—In practice there is often experienced a great difficulty in getting patients to take quinine, because of its after-taste, which to some is simply unbearable, and when antipathy thus exists, combined with a difficulty in swallowing pills, the therapeutic value of an important drug is lost. We find, and the fact may not be generally known, that the mastication of some acid fruit, as an apple or a pear, will permanently remove the disagreeable after-taste of quinine. The first mouthful of food should be well masticated and rolled through the mouth, so as to cleanse the teeth, etc., and then ejected. The second morsel may be swallowed, when it will be discovered that all taste of the quinine will be removed.—*Med. Press and Circular.*

NORMAL AND PATHOLOGICAL LOCAL TEMPERATURE.—Dr. Jacobson, of Königsberg, relates, in *Virchow's Archiv*, vol. 51, second part, a series of experiments upon animals, by means of thermo-electricity, to ascertain the actual temperature of some viscera. He found, contrary to Claude Bernard's opinion, that the blood is warmer in the left than in the right heart. But he verified and found correct another assertion of Bernard's—viz., that the liver presents a higher temperature than the axilla and the rectum. Dr. Jacobson also recognized that the temperature of inner portions of the body, such as the upper part of the rectum or vagina, was higher than that of inflamed muscles. M. Bernhardt and Dr. J. excited, by caustic injections, pleuritis and peritonitis with exudation, and by carefully experimenting and measuring they found the following opinion of John Hunter's in accordance with fact, viz.: "That local inflammation cannot raise the temperature higher than the degree of warmth found at the source of circulation."—*Med. and Surg. Reporter.*

TORSION IN HIP-JOINT AMPUTATION.—Dr. Wm. MacCormac, Surg. to the General Hospital, Belfast (*British Med. Journal*), refers to the first hip-joint amputation made by him at Balan, in the late Franco-Prussian war, where the patient survived the operation only four days. The femoral artery was twisted, and no hæmorrhage occurred. He supposes this is the largest arterial trunk to which torsion has ever been applied.—*Med. Rec.*

Medical Miscellany.

APPOINTMENTS.—Dr. Hall Curtis has been appointed Visiting Physician at the Boston City Hospital in place of Dr. Bowditch, resigned.

Dr. W. L. Richardson has been elected one of the Physicians to Out-patients at the Massachusetts General Hospital, in place of Dr. Hall Curtis, resigned.

THE MASSACHUSETTS MEDICAL BENEVOLENT SOCIETY has received the sum of two thousand dollars from the trustees of the estate of the late Nabby Joy.

THE MEDICAL WORLD.—We are promised still another medical monthly Journal, under the above title. The editorial charge of the journal will be under the supervision of Dr. Reuben A. Vance. The publishers of the *Medical World* propose to give information on medical, physiological, surgical and chemical subjects, collated with care from all the leading foreign and American periodicals, with short and pithy original communications from the best authorities, both in America and Europe. The publishers, Messrs. William Baldwin & Co., 21 Park Row, New York, offer the journal at \$1.50 per annum, in advance.

ŒSOPHAGOTOMY.—M. Dolbeau (*Bull. de Thérap.*) reported to the Surgical Society two cases of internal œsophagotomy. The first was that of a young girl who, in a moment of desperation, swallowed sulphuric acid. For eight days M. Dolbeau had been unable to pass the stricture, when he passed the smallest olive bougie of the Charrière scale. The bougie used by the author consisted of a stem of whalebone, upon which bulbs of ivory of increasing size were seated. He gradually dilated the tube to the capacity of No. 6 American scale, or No. 18 of the French, and further than this he was unable to proceed. He then practised a method which he terms scarification. He used an instrument of his own invention, composed of a flexible stem, upon the end of which is an olive-shaped bulb in which are concealed two minute blades, which are brought into a cutting position by some arrangement at the handle. The bulb was passed through the stricture, which was incised by the blades on withdrawal. The cure was then effected by dilatation, and the patient could swallow well. In the following year, the author performed the same operation upon a similar case with success. There was neither pain nor hæmorrhage attendant upon the operation. M. Dolbeau thinks that œsophagotomy, performed as he advises, in which only the cicatricial tissue is incised, is a safe and certain operation, and particularly applicable to urgent cases.—*New York Medical Gazette.*

SULPHUR IN CROUP.—Dr. Lanini, in *Lo Sperimentale*, of Florence, of December, 1870, writes that he had treated membranous croup successfully with powdered sulphur, in doses of a scruple every two hours. He reports a case occurring in a girl of 8 years, where all other remedies with which he was acquainted had failed to give relief. After the second dose of the sulphur the dry

cough was diminished, and she began to expectorate casts of the bronchial tubes, some of which were nearly an inch in length. The treatment was continued two days, and the patient did well. The doctor was induced to try the remedy in consequence of the experiments and recommendations of Dr. Banieri Bellini, Professor of Toxicology in the Royal Institute at Florence, published in the September number of the *Sperimentale* of 1869.—*Medical Record.*

NEW YORK DISPENSARY.—We notice the following important change in the service at the New York Dispensary. Heretofore, diseases of the eye and ear have fallen to the class of surgery. Now, however, the Board of Trustees has established a separate department of diseases of the eye, and another of diseases of the ear. The former is in charge of Dr. Richard H. Derby, who attends on Mondays, Wednesdays and Fridays, and of Dr. Charles S. Bull, who is on duty on the alternate days. Diseases of the ear come under the care of Dr. George B. Pomeroy. The hour for each of these classes is 2 o'clock, P.M.—*N. Y. Medical Gazette.*

MARRIED.—At New Bedford, June 7th, Dr. H. H. A. Beach, of Boston, to Miss Alice C. Mandell, of New Bedford.—At Boston Highlands, 1st inst., Dr. William H. H. Hastings to Miss Maria Davis, both of this city.

Deaths in sixteen Cities and Towns of Massachusetts for the week ending June 3, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	111	Consumption 40
Charlestown	14	Pneumonia 17
Worcester	24	Scarlet fever 10
Lowell	18	
Milford	1	
Chelsea	6	
Cambridge	8	
Salem	9	
Lawrence	7	
Lynn	9	
Gloucester	3	
Fitchburg	5	
Newburyport	3	
Somerville	6	
Fall River	7	
Haverhill	4	
235		

There were five deaths from smallpox; two in Lowell, one in Boston, one in Worcester, and one in Somerville.

GEORGE DERBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, June 3d, 111. Males, 61; females, 50. Accident, 5; abscess, 2; apoplexy, 2; aphthæ, 1; aneurism, 1; inflammation of the bowels, 1; disease of the bowels, 1; bronchitis, 4; congestion of the brain, 3; disease of the brain, 4; burned, 2; cancer, 1; ditto of stomach, 1; consumption, 21; cholera infantum, 1; convulsions, 1; croup, 1; debility, 4; diarrhoea, 4; dropsy of the brain, 3; drowned, 4; dysentery, 1; exhaustion, 3; erysipelas, 1; scarlet fever, 1; typhoid fever, 3; bilious fever, 1; disease of the heart, 2; disease of the kidneys, 1; disease of the liver, 2; inflammation of the lungs, 7; marasmus, 2; paralysis, 2; pleurisy, 1; premature birth, 1; peritonitis, 2; puerperal diseases, 3; rheumatism, 1; smallpox, 1; teething, 1; unknown, 6; whooping cough, 1. Under 5 years of age, 38; between 5 and 20 years, 11; between 20 and 40 years, 34; between 40 and 60 years, 18; above 60 years, 10. Born in the United States, 69; Ireland, 26; other places, 16.

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References:

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- Dr. Edward Jarvis, Dorchester, Mass.
- Dr. H. M. Knight, Lakeville, Conn.
- Mr. H. K. Frothingham, Mass. Bank, Boston.
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Ap. 20.—eptAug.

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N17.—1y

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FRANCIS H. BROWN, M.D., EDITOR.
H. H. A. BEACH, M.D., ASSISTANT EDITOR.

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{ New Series,
{ Vol. VII.—No. 24.

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Apr. 20—

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McH.16—17.

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TAYLOR ON DACTYLITIS SYPHILITICA.

An Abstract by EDWARD WIGGLESWORTH, M.D., Boston,
Lecturer on Syphilis at the Medical School of
Harvard University.

It is with the greatest pleasure that we perceive an increase in the spirit of original investigation among our cisatlantic brethren; especially when their researches are made within the domain of syphilis, a branch of medicine perhaps the most important of all, but one which has hitherto been culpably neglected, clinically, by our hospitals, practically and scientifically by our dispensaries and physicians. In Dr. Taylor's concise but comprehensive and very instructive article we see the promise of a future, more creditable to the hearts and heads of American practitioners of medicine. The lesion treated of is placed in a very clear light. Previous to the appearance of this article, the subject was very vaguely known and very meagrely treated of. Drs. Bumstead and Lancereaux were the only authors of systematic treatises who spoke of it, and they made no classification of the varieties. Dr. Taylor divides it into two clinical varieties, and instances cases of each. He brings also some new observations in regard to the gummy infiltration in the connective tissue. Syphilis of the joints, a subject also very scantily treated of in books, is quite largely treated of in this article.*

"This affection consists in the deposit of the peculiar gummy material of tertiary syphilis in one or all of the deep tissues of the fingers and toes, and is characterized by peculiar deformities. In 1859, Chassaignac first called attention to this affection. [*De la Dactylite Syphilitique.* *Clinique Européenne*, 1859, p. 238.] Nélaton, in 1860, reported a case and referred to another observed by him. [*Du Panaris Syphilitique.* *Gazette des Hôpitaux*, 1860, pp. 105, 106.] In 1866, Prof. A. Lüche,† of Berne, published the details of two very important

cases. M. Archambault,* of the *Hôpital des Enfants*, observed a case, due to hereditary syphilis, and published it in 1869. In 1870, two important cases were published, one, by Dr. H. Risel,† occurring at the clinic of Prof. R. Volkmann, of Halle; the other, by Dr. R. Berg,‡ of Copenhagen. Early in 1870, this lesion developed in one of my own patients, and Prof. B. W. McCready, of Bellevue Hospital, has also had a very interesting case.§ My own case was as follows:—

E. A., peddler, aged 44, had the initial lesion of syphilis in July, 1867. In a month, papular eruptions, &c. Before 1868, an iritis. 1868–9, pustulo-crustaceous ulcers. Summer of 1869, gummy tumors of scalp and over tibiae. In Oct., 1869, came to the New York Dispensary with a non-ulcerating tubercle over right eyebrow, which disappeared under treatment. In February, 1870, the second toe of the right foot had been for a month gradually enlarging. Swelling symmetrical along whole length of toe; integument stretched, shining, not transversely furrowed at joints, merging, after forming a distinct ridge, into the integument of the foot. Viewed endwise, wedge-shaped. Nail normal. No pain on pressure, nor pitting. Color violaceous. Temperature, 93° Fahr. The deposit most copiously distributed on dorsum and sides. Toe elevated above its companions, and extensor tendon felt stretched. No crepitation. Movements of phalangeal joints much impaired; of metatarso-phalangeal articulation, less so. Joint structures of first and second phalanges considerably enlarged; first phalanx more enlarged than the second. Length of toe, normal. Under biniodide of mercury and iodide of potassium, with citrate of quinine and iron, no change till June. Then diminution in size

* *L'Union Médicale*, No. 140, 1869.

† "Zur Casuistik der Syphilitischen Finger-und Gelenks-Affectionen." *Berliner Klinische Wochenschrift*, No. 7, 1870.

‡ "Fall von Gommoeer (Syphilitischer) Dactylitis." *Archiv für Dermatologie und Syphilis*, No. 2, 1870.

§ Since the publication of this article, Dr. Taylor writes me:—"I saw, May 2d, at the college clinic for skin diseases, another case of this lesion, as a lesion of hereditary syphilis, similar to Archambault's."

* See also April No. of N. Y. Dermat. Journal.

† "Die Syphilitische Dactylitis." *Berliner Klinische Wochenschrift*, 1867, Nos. 50 and 51.

and tension. In July, iodide of potassium given alone in fifteen-grain doses, in consequence of an obstinate diarrhoea. In August, diminution very manifest, the absorption taking place from the integument; deep structures still enlarged. Crepitation between first and second phalanges from April to November. Toe firmly bandaged in August with adhesive plaster to prevent disorganization of the joint. In December, infiltration of skin hardly perceptible. Swelling of deep structures subsiding, but perceptible at the first phalanx and its joint, where the crepitation is now much less. Movements of joints free, and locomotion is readily accomplished. Toe arched in long axis from unbalanced action between the extensors and flexors, and a flaccid condition of the ligaments. A shallow transverse ridge about the middle of the nail as is sometimes observed after adynamic diseases. Patient now much improved in general condition, and no visible progressive lesion of syphilis present.

Nélaton's Case.—Man, aged 50. Right middle finger swelled on three occasions. Volume greatest in first phalanx, less in the second; third almost normal. Whole of first phalanx involved, more so on palmar than on dorsal aspect. Movement slightly impaired. Slight pain on pressure, but also spontaneously. Integument stretched and rather livid. Under anti-syphilitic treatment it subsided.

Lüche's Cases. I.—A man, aged 45, with nodes on sternum and swelling of the sternoclavicular articulation, observed, in April, 1860, that the little finger of his right hand and the great and second toes of the left foot and the second toe of right foot became enlarged. The left knee became swollen and painful, its articular capsule thickened and fluctuation could be felt. Soon after, the left little finger enlarged. The swelling in the toes and fingers consisted in a uniform enlargement of all the phalanges except an unusual swelling at the second phalanx of the right great toe. Integument red and tense. Articular cutaneous furrows effaced. Crepitation and abnormal movement in joints. Moreover, an inflammation of the body and articulations of the fourth cervical vertebra. Under a mercurial treatment, the swelling of fingers and toes subsided in about three months.

II.—A man, aged 50, having had gummy deposits in bone and connective tissue, and painful enlargement of the knee and wrist, noticed that his right great toe swelled gradually and uniformly and soon afterwards the second toe of the left foot. Uni-

form enlargement of the phalanges and simultaneous thickening of the soft parts. Movement impaired, but pain absent. Integument of the toes tense and resistant. Under mercury, some coexisting gummy tumors disappeared, but the swelling in the toes remained, with crepitation. The gummy tumors soon ulcerated again and the great toe became much larger. The phalangeal articulation of the second left toe became opened by ulceration. Harsh crepitation. Under tonics and iodine, the toes subsided entirely in about ten months.

Prof. Lüche also refers to three cases observed by Dr. Erlack, but does not give their details.

Berg's Case.—A man, aged 35. Initial lesion in 1854. During nine years, various cutaneous syphilides for which he took bichloride of mercury. In the ninth year, the first phalanx of his right middle finger enlarged. The swelling extended in its whole length, being seated in the bone of the first phalanx and further on in the soft parts. Finger sensitive to pressure. Swelling rapidly increased. Soon an hydrarthrosis was observed in the first phalangeal articulation, and a spot formed on the radial side of the enlarged phalanx, easily indented and crepitating slightly. In about a year the phalanx had become balloon-shaped, its circumference being more than five inches, while the corresponding finger of the opposite side measured a little over two inches. Length also much increased. Last two phalanges normal. Articulation between first and second much distended by fluid, and its ligaments loose and flaccid. Voluntary motion absent. No crepitation. Joint slightly sensitive to pressure. No lesion of metacarpo-phalangeal joint. Integument over enlarged phalanx normal but tense; movable on bone beneath, which felt evenly enlarged, but the spot on the radial side became thinner and pitted more on pressure, and, finally, a minute opening gave exit to a clear, viscid fluid. Probing showed a cavity but no dead bone nor sensitiveness. Swelling now gradually diminished, the incisions opening and closing at various intervals, giving exit still to a viscid fluid, which sometimes contained cheesy masses. In March, 1865, circumference of phalanx three inches, and length shortened about a third of an inch. Joint as before. Inunction was now instituted and sulphur-water drunk copiously. Finger rapidly reduced in size and fistula closed. In July, 1865 (the lesion having commenced July, 1863), still more reduced, and atrophied in length, being two-thirds of an inch

shorter than its fellow on the other hand. Phalanx constricted at its centre, with a slight depression on its dorsal surface and a little enlargement of the epiphysis. Integument wrinkled and non-adherent. Periosteum not painful. Usefulness of finger nearly restored. No further lesion of syphilis.

Volkman's Case. Hereditary Syphilis.—

A girl, aged 14, had a swelling of the upper part of the left ulna. Unhealthy till 20th year, then a gradual swelling in right wrist, left knee-joint and left ankle. Two years after this, her right foot swelled, skin over joint not involved; motion gradually lost, and pain on pressure. Knee-joint recovered its mobility in a year, left ankle-joint in five years; affection in right ankle disappeared, then recurred with greater severity. Coincident pain in head and limbs. Soon after, nodes on shafts of tibiae and on frontal protuberances. Swelling in right wrist extended, after a few weeks, over dorsum of hand, involving the first and second phalanges of the thumb and the three adjoining fingers. Thumb, second and third fingers well in three months, but integument of index finger reddened on radial side and in about a year opened, discharging a little pus, but no bone; then closed, leaving motion of finger impaired. In her 28th year, a swelling appeared on the ulnar side and dorsal surface of the left hand, reddened and extended to the integument of the first and second metacarpal bones. An incision made became gradually a large ulcer, which slowly healed, leaving a fistula at the base of the metacarpal bone. This also healed later on. In the year following, the first phalanx of the thumb of this hand enlarged, and in a year more the last phalanx also. Coincidentally, the first phalanges of the first and second fingers and the whole of the third right toe became enlarged. The course here was more acute, requiring several incisions. Has been unsuccessfully treated with non-specific remedies for sixteen years. Now, January, 1869, badly nourished; nodes on frontal tuberosity; spleen much enlarged. Right wrist slightly flexed and fixed; styloid processes prominent. Integument over the affected points tense and in some spots livid. Small fistulae and cicatrices on dorsal surface of hands. Probe passed into fistulae detected spongy tissue, but no denuded bone. First phalanx of index finger of right hand shortened, and so constricted in centre that it was nearly divided and very mobile. The two other phalanges normal. Middle finger much emaciated; the second phalanx in a

position of super-extension; the first slightly flexed. Bones unchanged in form, but atrophied; integument, joints and tendons normal. On dorsum of left hand a large, smooth, movable cicatrix, adjoining a small retracted spot at the base of the first metacarpal bone, which was atrophied, producing a marked shortening of the thumb. First phalanx of the middle finger much swollen and obliquely perforated by a sinus, the bone completely divided into two parts by an intervening newly formed tissue. The two phalanges of the thumb and the first phalanges of the index finger and right middle toe were swollen, but there was no sinus nor solution of continuity of the bone. Femur, knee and ankle normal, but nodes on the tibiae, the shafts of which were thickened. Under chloroform, the last diseased phalanges were incised, and the granular deposit scraped out. This texture was slightly vascular, soft, yellow and dry. No pus, though found in the sinuses. Some material found under integument of index finger. Incision healed rapidly. Middle finger shortened; incised for pus. This freed, the synovial membrane and cartilages of the exposed metacarpo-phalangeal joint were seen to be healthy. The swelling of the toe retrograded without local treatment. The patient took iodide of potassium from January, 1869, until the latter part of April, with an astonishing effect upon the osseous lesions. At this time she was seized with very profuse hæmorrhage from the stomach and bowels, which resulted in death.

McCready's Case.—Man, aged 43. Index finger deformed and shortened, its extremity scarcely reaching the joint between the first and second phalanges of the middle finger, the first phalanx having shortened to one-fifth of its length. Metacarpo-phalangeal joint and lower end of metacarpal bone absorbed; new joint between it and remains of phalanx, on a level just above the line of the knuckles. Soft parts in excess and bulging. New joint movable, but patient had lost control over it, and flexion and extension imperfect. Second phalanx of ring finger reduced to a fourth of its length, and the joint of the second and third swollen and stiffened. No scars. Reported his parents and a large family of his brothers and sisters as healthy. Had had a chancre twenty years back, but no eruption or sore throat. Nasal arch flattened, as in syphilis, from a blow with a musket in the war. In the latter part of 1864, knees, ankle, and index and ring fingers of right hand much swollen, especially first phalanx of index and second of ring finger. Pain

and tenderness, worst in length of tibiae, particularly of the right, and in lower fifth of right ulna and radius, and was aggravated at night. Relieved by iodide of potassium, whenever recurring for the next two years. Swelling of the fingers diminished slightly, and then increased again at intervals of two or three months, but subsided after two years, leaving the fingers in their present condition. Never any discharge, nor was skin of fingers ever broken.

Archambault's case is, of its kind, unique. An early lesion of hereditary syphilis. An infant, whose mother had tertiary syphilis, had mucous patches and an enlargement of the last phalanges of the fingers. At first regarded as false spina ventosa and unsuccessfully treated by anti-strumous remedies, but, when mercury was given, the mucous patches soon disappeared, and the bones were reduced to their normal size.

An analysis of these cases enables us to divide them into two classes:—First, that in which the subcutaneous connective tissue as well as the fibrous structures of the articulations and the phalanges are involved; second, that in which the morbid processes begin in the periosteum and bones, and secondarily implicate the joints, and may or may not be accompanied by deposit in the subcutaneous connective tissue. The clinical history of the two is different. Lüche's cases and my own are types of the first variety, and those of Berg, McCready and Volkmann, of the second. The neoplasm deposited is that immature form of connective tissue called gummy material. It is deposited, as a rule, more copiously over the dorsal than over the palmar and plantar surfaces, Nélaton's case being the only exception, and may develop slowly or rapidly.

When gummy tumors are developed where connective tissue is very loose and abundant, as, for instance, over the glutei or gastrocnemii muscles, they may be recognized at an early stage as small, movable, isolable tumors, with movable integument. Later, they adhere to the derma, and perhaps to the deep tissues. This is rare if they are formed over bony surfaces, where the integument is more closely attached and the connective tissue less. Here, as a rule, they are attached from the first to the deep layers of the corium, sometimes even seeming to reach the periosteum. No one has yet described an isolable condition of the gummy tumor in the fingers or toes, it being always adherent to the corium, as when developed over the tibia. Such tumors, like those elsewhere, when not over nerves, retain their normal sensation and are free

from pain, interfering, however, often with prehension and locomotion. Their chronicity varies with their density of structure and localization. They are liable to relapse, and also to augment in volume after a period of indolence. The usual necrotic tendency of gummy tumor seems wanting here, for there is no recorded case of phalanges denuded by superficial gummy destruction, a condition sometimes, though rarely, observed over the dorsal surface of the metacarpal and metatarsal bones. But gummy tumor is not the sole product of late syphilitic inflammation; there is also a proliferation of normal cells, and the co-existence of these two conditions may explain the gradual absorption rather than molecular death. Then, too, in the fingers and toes there seems to exist a peculiar reparative tendency, as evinced in lesions of traumatism. Tumors of my first class are violaceous in color, tense and resistant to the touch from the density of the material, and give no marks of a colloid nature, though coincident with colloid gummy tumors elsewhere. The lividity decreases with the absorption of the gummy deposit. The nails, as a rule, escape synchronous depositive or destructive change; and when in the tertiary period the nail is destroyed, it is by ulceration involving the matrix and sulci of the nail without any osseous lesion.

When the fibrous structures of the joints and bones are attacked, we notice, coincidentally with, or soon after the deposit in the connective tissue, a thickening of one or more phalanges and of the articular capsule, generally of the first phalangeal joint, from gummous deposition, not copious, and disseminated in small portions through the tissue, causing a honey-comb appearance after its absorption. The ligaments, after filling up these perforations, tend sometimes to contract slightly. During the progressive stage of this lesion, there is decided impairment of motion, at times diminution, at others excess, though not responding to volition. In its final stage, it may leave the joint nearly normal or permanently impaired. The thickened condition and impaired nutrition of the ligaments reacts sometimes upon the synovial membrane and the articular cartilage, the latter being implicated in each of the cases in which the deposit has been chiefly subintegumentary, while in Berg's case, in which the lesion was chiefly osseous, a synovitis was observed. A crepitation, more or less rude, I observed for the first time in the third month of the articular and periarticular trouble, due undoubtedly to some change in the ar-

ticular lamellæ of the cartilage; as, for instance, erosion from impaired nutrition, since the cartilage is nourished by plasma from the vessels of the synovial membrane and of the ligaments. At the same time, I do not deny that gummy tumor ever occurs in articular cartilage. In the synovial sheaths of the tendons it has not as yet been found. This first variety of dactylitis syphilitica generally co-exists with grave lesions of the bones, joints, integument and viscera, and is always the expression of a profound syphilitic dyscrasia. It is generally observed in patients who are past middle age, though in two of Erlack's cases it occurred in young people. In four out of the seven cases it was observed in men. It may occur both early and late in the tertiary period. The deformities produced are not of a very serious character.

[To be concluded.]

ALOPECIA FURFURACEA.

(Concluded from page 355.)

THERAPY.—It is mostly in alopecia furfuracea that those affected are induced to seek professional aid. Patients desire this generally on account of the baldness alone, and want to have first the excessive falling of the hair stopped, and second the hair to be made to grow again upon the bald places. The abundant formation of scales is seldom noticed by them, and still less frequently have they any knowledge that the one gives rise to the other. On this account medical advice is sought as a rule only after the hairs have become thin, after the affection has existed some four or six years.

The treatment must mainly be directed to control the seborrhœa, and with its cure the alopecia is often partially or wholly relieved, without it never. The remedies to be used against seborrhœa are both local and internal.

Local Treatment.—The scales upon the scalp must first of all be softened with oil, and then removed by washing. Olive-oil is to be rubbed thoroughly and in sufficient quantity into the scalp by means of a small sponge or piece of flannel, and the head is then to be enveloped in a hood of flannel. This is best done in the evening. When the scales are of considerable thickness and very dry, the oil may be rubbed in energetically every two or three hours. After twelve or twenty-four hours of this process the scales become so soft that they may be rubbed to pieces with the finger and detached. The washing is now undertaken,

and for this purpose any good common soap may be used. The best, however, is a spirit of soap, because both the soap and alcohol dissolve the fat and the latter acts also slightly as an irritant upon the sebaceous glands, and so has a curative as well as preparatory action. But the most applicable to this purpose is the spiritus saponatus kalinus of Hebra. This is prepared by digesting *sapo viridis* in half the quantity of the strongest rectified alcohol for twenty-four hours, then filtering, and perfuming by the addition of oil of lavender. A sufficient quantity of this spirit is poured upon a flannel cloth, or some other coarse fabric, and rubbed into the scalp, the cloth being dipped in warm water from time to time, as often as the soap collects in excess upon the hairs by evaporation of the alcohol. The occasional addition of water produces a lather, as when other kinds of soap are used. After the scales and crusts are well detached from the scalp, the hair is washed with cold or warm water until it runs away entirely free from the soapy mixture. A cold douche may be substituted with advantage for this washing. The whole process of washing with the soap and douche may be conducted in the vapor-bath, and in this way the softening action of the warm vapor upon the scales, and on the other hand the slightly irritating influence of the cold douche upon the skin, assist in producing the desired effect. The oiling has to be repeated only during the first few days, as long as the crusts of sebum continue to be produced in considerable quantity and thickness. The washing and the douche, however, must be daily used, for which the evening is the best time, and with both men and women. After the washing is over, the hairs are to be combed out, and any scales still adhering are to be detached with the comb. The hairs are then to be left loose, and with women not arranged until they are thoroughly dry.

The first few days the patients lose to their great horror during the washing and combing a great quantity of hair, so that they appear much more bald than before the beginning of the treatment; and they are to be warned of this unavoidable and easily explained circumstance beforehand. There are many hairs, the roots of which are already atrophied, which are very loosely seated in the hair follicles, and these already ripe for falling, are pulled out during the washing. Many hairs fall, too, which are already detached from the follicle, but are held in their places by the crusts of sebum. The loss affects, therefore, only hairs which

would fall at any rate, although not simultaneously if undisturbed.

Subsequently washing with brandy can be substituted for the spiritus saponatus, or with alcohol, in which may be dissolved some of the substances to be hereafter mentioned; but I attach great importance to the continued use of the tincture of soap or other alcoholic washing in the treatment of alopecia furfuracea, and these of themselves are often sufficient to relieve both seborrhœa and alopecia. The alcohol deprives the epidermis considerably of its fat, so that it becomes dry, and a new kind of bran-like scurf forms, like pityriasis. On this account it is necessary, after every application of the soapy spirit and after the hair has become dry (in from one to three hours), to rub the epidermis with fat, either in the form of oil, simple fat, ointment, or more complex pomades.

Such is the general plan upon which alopecia furfuracea is to be treated.

It will be seen, however, that it is directed against the seborrhœa as the most immediate cause of the alopecia; although it were very desirable that means should be discovered also for stimulating the production of the hair after overcoming the former. Crude empiricism and desire for gain in public trade have for a long time tested the credulity both of the laity and the profession in this direction with various drugs and methods of cure, without being followed by any more successful results than the recent experiments of Pincus.*

First of all, cutting the hair once, or repeatedly from time to time, has the reputation of stimulating its growth. Calculation has, 'tis true, demonstrated the fact that a hair taken as the sum of the fragments cut off from time to time possesses a greater length than it would reach, *cæteris paribus*, if it were never cut; but this only shows that a hair which has been cut is disposed to grow more quickly. This, however, is of no advantage so far as its normal period of existence is concerned, upon which everything depends.

On the other hand, it is known that with girls who have very long hair, this never afterwards attains its original length when once cut off, and finally the cutting has been proved to have no influence over the follicles which do not produce sufficiently thick or long hairs, that is it has no effect upon the abundance of the growth. Cutting the hair, therefore, offers on the one hand no advantage, on the contrary, a dis-

advantage on account of the immediate absolute and later relative shortening, and is, therefore, however popular in some places, to be advised against.

In general, slightly irritating and astringent substances have been recommended in alopecia, more on the ground of vague theory and a desire to help, than from any result which has been attained or successful experimentation. Experiments were made by Pincus upon the hairs of the fingers, with the result rather of bringing certain substances hitherto considered reliable into discredit than of establishing confidence in them. *Oleum sabinæ* and *natrum bicarbonicum*, which he found the most effective, are, according to his own account, inapplicable, for the former colors the hair reddish-brown, and the latter makes it break easily.

If it is to be believed that a slight irritation of the cutaneous glands or an astringent action can have any beneficial effect, then especially to be recommended are tannin, quinine, veratrin and *tinctura cantharidum*, but only in such quantity and mixtures as not to irritate sufficiently to cause eczema or inflammation. To these may be added alcohol and ether which irritate the skin and dispose its elements to contract by abstracting heat during evaporation. These remedies may be used, therefore, in combination, by painting or washing the scalp with alcoholic-etherial solutions of them, which work both against the seborrhœa and for the purpose last mentioned. A solution of about 12 to 20 grains of tannin or veratrin in six ounces of alcohol with a slight addition of fat, or the following, for instance, to be rubbed in morning and evening with a brush:—*R. Tannini pur., gran. duodecim; spir. vini rectific. unc. quinque; spir. lavendul., unciam; æther sulphur., drachmas duas; glycerrhin., uncian semis; olei bergamot., gutt. decem.* A scruple to half a drachm of tincture of cantharides may also be used in a similar solution.

As fat must be applied externally to the scaly epidermis to supply that which has been removed by these washings with soaps and alcohol, it is better to use for this purpose such ointments or pomades as may contain also any of the above or similar substances in the proportions given. Of such, that of Dupuytren, of the following composition, may be mentioned:—*R. Medullæ ossium, uncias duas; extracti chinæ frigide parati, drachmas duas; tincturæ cantharidum, succi citri recens expressi, ana drachmam; olei de cedro, scrupulum; olei*

* On the treatment of Alopecia pityrodes, Archiv f. Physiol., &c., Bd. 43, pag. 305 et sequ.

bergamottæ, *scrpl. semis*. Another, which is variously modified in trade, the so-called tanno-chinin pomade, may be prepared according to the following formula:—*℞*. Butyr. de cacao, *unciam et semis*; liquefactis admisce sempit. agitatione, sulfat. chinini, *scrupulum semis* (in aliqu. guttis acid. sulf. et uncia semis aquæ rosarum soluti), dein adde; olei citri, *drachmam semis*; olei bergamottæ, *scrupulum*; olei lavendulæ, *guttas viginti*; tannini, *scrupulos duos* in tinct. cantharid. *drachma una* et aquæ coloniensis *drachmis tribus* soluti. Misce exactissime. As will be seen, everything is here brought together which has ever been recommended for such purposes.

A little less complicated, but less elegant, is the pomade sold by apothecaries under the name unguentum gemmarum populi, and prepared as follows:—*℞*. Gemmarum populi recent. contus. *unciam*; axungiæ porci depurat. *uncias sex*; aqu. rosarum, *drachmas duas et scrupulos duos*, coque ad humidi consumptionem, deinde exprime et adde: ceræ flavæ *unciam*. Liquefacta cola et semirefrigerata agitentur addendo: olei citri, olei bergamottæ, olei rosarum, *ana scrupulum semis*. Misce.

I need not say that these last measures are rather adapted to meet frequently occurring practical necessities, and are in no way a part of scientific therapeutics. As regards the latter, it may be maintained that alopecia furfuracea may be cured in the first years of its existence, if the seborrhœa which lies at the bottom of it be removed; and that this can be controlled by means of the energetic use of the spiritus saponatus kalinus, the alcoholic-etherial fluids already mentioned, and by occasionally anointing the epidermis, when it becomes dry, with fat.

This method of local treatment is, to be sure, perfectly sufficient to control temporarily the seborrhœa capillitii; but to permanently prevent its return, and in this way to allow the after-growth of the hair to be undisturbed, it is necessary that the cause of the seborrhœa itself should be overcome, and this in the majority of cases is chlorosis and anæmia. In addition to such local remedies, therefore, in women, and in connection with strengthening diet and healthful ways of living, iron is to be employed in the form best adapted to the individual, with or without rhubarb, aloes or jalap, and constantly, or with short interruptions from four to six months, or even longer. Cold bathing in summer, or a rational cold-water cure, are likewise to be recommended.

With men, under these circumstances, I have sometimes found myself obliged, on account of chronic gastricismus, to give, in place of the iron, a mixture of equal parts of bicarbonate of soda, phosphate of soda, carbonate of magnesia and sugar, a coffee-spoonful dissolved in water three times a day and for several weeks. Under its use the gastric catarrh, debility, indigestion and costiveness disappeared. In summer, appropriate mineral waters and hydrotherapy are of use. A combination of the iron with arsenic (the liquor ferro-vinoso-arsenicalis of Wilson and its modification by Hebra) is also advisable. All these remedies must be used in connection with the local treatment and be continued for months. The same means are available also for the defluvium capillorum which follows debilitating affections in general (typhus, rheumatism, puerperal processes, &c.), whether in consequence of simple disturbance of nutrition or from a seborrhœa of the scalp brought on by the anæmia.

As before stated, alopecia may arise in consequence of the seborrhœa which occurs after variola and in the course of syphilis. The method of treatment in such cases is identical with that after seborrhœa from other causes, but with the former the local treatment is generally sufficient, inasmuch as the seborrhœa is more frequently the result of the local variolous processes than of anæmia and chlorosis. In alopecia venerea ex seborrhœa, on the other hand, I can recommend, in addition to the alcoholic applications, the use of white precipitate ointment ($\frac{1}{2}$ to 1 drachm to the ounce of lard), as very serviceable. A general anti-syphilitic course, however, is only to be proposed when in addition to the seborrhœa other syphilitic appearances upon the skin, the bones, &c. are present.

For the loss of hair which occurs in consequence of local syphilitic infiltrations and ulcerations, eczema, erysipelas, acne, syco-sis, favus, lupus erythematosus, herpes tonsurans, &c. of the scalp, the treatment appropriate to the affection in question is alone to be pursued.

SIR WILLIAM FERGUSSON has proposed to form a national collection of surgical instruments, to be placed in the museum of the College of Surgeons, London, to illustrate as far as possible the progress of surgical art in Great Britain, and the improvements made from time to time in surgical appliances and instruments.—*New York Medical Journal*.

Reports of Medical Societies.

MASSACHUSETTS MEDICAL SOCIETY.

SECOND DAY'S PROCEEDINGS.

THE annual meeting of the Society was held at the hall of the Lowell Institute on Wednesday, June 7th, at 10 o'clock, A.M., the President in the chair.

After the reading of the Secretary's minutes of the last annual meeting, the list of officers for the ensuing year was read.

The Treasurer presented his annual report.

The names of the following delegates from other State Societies were read:—Maine, Dr. T. A. Foster; New Hampshire, Dr. S. L. F. Simpson; Vermont, Dr. J. M. Stiles; Rhode Island, Drs. E. D. Caswell and Sylvanus Clapp; New York, Drs. J. C. Hutchinson and Jona. Kneeland.

Dr. Cotting, chairman of the committee appointed by the Councillors, presented to the Society the resolutions acted on at the last Councillors' meeting (see last number of the JOURNAL), and moved their adoption by the Society.

Dr. DeWolf, in seconding the motion for the adoption of the resolutions, said that, as a member of the committee, he felt the resolutions needed little explanation, for they explain themselves. It had been the conviction of many members of the Society living in Western Massachusetts that the action contemplated in the resolutions should have been taken long ago. There are many practitioners, once reputable members of the Society, who have become irregular in practice and disreputable, but who rely on their membership still as a protecting wing. Such a condition should not continue.

It has been objected that the resolutions do not give extended authority. But let it be remembered that what is every man's business is nobody's business, and the objection which an individual member of the Society would feel in preferring charges against a Fellow is removed by the action of the contemplated committee. He hoped that never again would the disgraceful spectacle be seen in this Society of an irregular practitioner proclaiming from the platform of the Society his irregular practices, and taking his seat subsequently, defying removal.

The execution of the proposed resolutions is easy and practicable. If it be not so, then is our organization faulty, and if the authority cannot be had to protect the So-

ciety from such wrong, then it had best be broken up, and a new organization formed which will secure authority and will do away with affiliation with irregular practices.

The resolutions were enthusiastically adopted, with but one dissenting vote.

Dr. Cheever, of Boston, exhibited a boy on whose elbow he had operated by removing the entire joint, for disease, eighteen months before. The wounds had closed, the motion of the elbow was restored, and the arm was strong and useful.

The operation was performed by subperiosteal section, a single incision being made posteriorly. The condyles were now reproduced and the muscles had re-united to them. The only applications made were cold-water and, occasionally, liq. sodæ chlorinatæ.

Scientific papers were then read as follows:—

Dr. John Dole, Amherst, on the Practical Aspects of Medical Science.

Dr. W. C. B. Fifield, of Harrison Square, on Helps in Practice.

Dr. Thorndike, of Boston, related a case of forcible intrusion of a stone into the abdominal cavity, which was published in the JOURNAL of July 7, 1870. He also exhibited the stone mentioned.

Dr. Morrill Wyman, from the Committee on Prizes, appointed three years ago to examine papers which might be offered for a ready, cheap and effective method of ventilating sick rooms in ordinarily built houses, reported that 26 dissertations or plans had been received, and after due consideration they had awarded the prize to the author of the paper signed X. Y. Z., which combined simplicity, cheapness, effectiveness and readiness of application. The writer, who refuses to allow his name to be known, requested that the prize money (\$50) be used to make known the plan proposed in the manner and with such changes as the committee should direct. The paper was referred back to the committee, for their action in concurrence with that of the Committee on Publication.

Dr. Martin, of Boston Highlands, showed a catheter, and related a case in which he had employed it. He also displayed Dr. Gordon's splint for the treatment of Colles's fracture of the radius. He had received, and, after the close of the meeting, exhibited three preparations, designed to illustrate, both by the sight and the touch, the characteristics of venereal and other skin diseases. They were made by an artist in New York, and Dr. M. considered them

superior to those recently brought to Boston by Drs. Wigglesworth and Fifield. They could be furnished also at a much lower rate.

At 1 o'clock, the annual address was delivered by Dr. H. J. Bigelow, of Boston.

He announced his subject as "Utility in Medical Education"; he said a medical school should furnish a plain, sound education, without error and without ornament, but the excellence of a practitioner depends far more upon good judgment than upon great learning. He advocated the importance of a well proportioned medical study. Mathematics, physics, botany, comparative anatomy, physiology, chemistry, as subjects of study, are all secondary to those essential and united parts of these collateral sciences, whether principles or details, which have been actually applied to medical diagnosis and therapeutics—secondary, in short, to the study of medical science and medical art, and the teacher should not direct the student's attention towards these in sacrificing what is more essential. There is a fallacy in the idea of general cultivation; the best physicians are sometimes possessed of little outside cultivation. Prussian success resulted from organization, discipline and drill; these they more readily attained in virtue of their high average intellectual level, and it was their good fortune that their earlier education had been so complete.

Let us have liberal education in its widest sense, the highest education possible to the whole mind and the whole body of the largest number everywhere—but let us begin at the beginning and teach the child, and not at the end; and when the medical student comes to you with three scant years which you cannot extend, and preliminary acquirements which you cannot then increase—small capital enough for the study of human disease in all its modern interpretation—do not send him wool-gathering among the abstract and collateral sciences.

The subjects of medical education were alluded to in detail. The practice of vivisection was adverted to with some severity. Anatomy, pathological anatomy, and especially pathology, offered the most profitable field for the student's work.

There is no government or central power in medical education in this country. The American Medical Association has endeavored by vote to constitute itself such, and also to rule State Societies; it will be impossible for it to accomplish either of these objects.

The Massachusetts Medical Society is a
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corporation with no power except that which it derives from its own charter, and under this charter must act as other corporations do, by the votes of its members at legal meetings, and of its officers within the scope of their authority. It cannot delegate to another corporation, or to a voluntary association, the power to make its by-laws, or to prescribe rules for its action. If its members choose to obey the rules of any other association or corporation, it is their individual act, and not the act of the Massachusetts Medical Society; and no such action on their part can bind it, until it is ratified by the Society. The same line of reasoning applies to the medical schools as to the general attitude of the M. M. S. This Society, the medical schools, and the medical community can well afford to attach little importance to such of the labors of the American Medical Association as seem skillfully designed, under the specious pretext of setting things right, to set men wrong. A body of so uncertain temper and impulsive action obviously has no authority to express even public medical opinion.

The machinery of medical education was now considered, and the modern German medical school characterized as offering the greatest advantage to the student of the present day; on the one hand, from a high standard of study and teaching, insured by a University organization impossible to this country, on the other by the facility with which the student can procure an excellent private course upon any strictly medical subject—the whole originally based upon and growing out of a national proclivity of the German mind to instinctive labor—the patient routine of the bee, rather than the expanding aspirations of our own country.

The address closed with allusion to the changes now recently adopted in the Harvard Medical School, the general policy of whose teaching had for many years been in this direction. The recent decided action was unequivocally in the right direction. The orator disclaimed any individual credit for it, except so far as he had endeavored to give to it a practical and working character, and had endeavored to make it conform to that enlightened medical public opinion which in this country is the only solid basis of medical education, and which, as he interpreted it, opens to the student unlimited scientific opportunity, but demands only medical competency.

(To be concluded.)

Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 15, 1871.

CRITICISM ON "TWO CASES OF STRANGULATED HERNIA."

WE have no space to give in detail the two remarkable cases named as above and reported by the "Professor of Surgery in the Galveston Medical College"; but we are sure our readers may gain some amusement if not instruction from the perusal of the second case, which we give verbatim from the *Galveston Medical Journal* of April 1, 1871.

"Mr. J. Q., æt. 30, butcher, applied to me for relief of a tumor in the left inguinal region, on Jan. 12th, 1871. I found a tumor the size of the fist just above the ilio-pubic ligament, (Poupart), very tender and somewhat edematous. He had on a truss, but said it was so painful he could not bear it. I tried to reduce it and as I believe succeeded but as it is was still so I could not insert my fingers. I suspected that there were adhesions and therefore, requested him to call the next day. Which he did, but was much worse, having taken off or loosened the truss. I tried again to reduce it but could not lessen the tumor in the least even after putting him under chloroform. I was satisfied from the œdematous feeling that it was bordering on a state of mortification and that an operation would alone relieve him and proposed to operate that evening, to which he consented. So assisted by Dr. C. H. Wilkinson and Dr. S. G. Haynie and putting the patient under chloroform, I proceeded to make the usual incision and cut on a tumor the size of the testicle and looking very much like a testicle with the epididymous attached, quite brown and in a state of mortification. This was removed with two small inguinal glands and the pedicle of the largest came out from under the Ilio-pubic ligament and it was organized as a firm substance apparently within the cavity of the peritoneum I say apparent for it was so disorganized and in a state of decomposition that I could not speak positively as to its exact nature. It was larger than any two ordinary inguinal glands and as before stated resembled the testicle but, as there were two well developed testicles in the scrotum, this could not be the case. It was believed by

us that was a mesenteric gland and that the protrusion had set up inflammation and closed the rupture by adhesive inflammation. It appeared to pass through a round hole and to be firmly adhered on all sides so, I cut it off and washed and cleared it out and closed the wound with silver wire ligature; using my curved-double-spear pointed needle for passing the ligature. He recovered very slowly—and for a long time could not straighten his leg, it continued to discharge some puss for two or three months but finally healed up and he became perfectly well and has remained so up to the present time.

"REMARKS.—This was a singular case and one in which the diagnosis was clear, but from the previous history, obtained from the patient since his recovery. I am disposed to believe this was a large inguinal gland that in lifting a side of beef in the market last winter, it busted out from under Poupart ligament and rose above it into the cellular tissue, hence its apparent reduction on the first day. I believe it would have proved fatal without the operation as it was thus strangulated."

We fear that our cotemporary who, to his professorial duties, unites those of the Editorial chair, has failed to make quite clear either to his own mind or the minds of his readers the exact state of his patient's case. He starts with the idea that he has "a case of strangulated hernia" to deal with, by which we are led to understand, as nothing is said to the contrary, an incarceration of some portion of the intestinal canal; he ends by considering it an inguinal gland which had "busted out from under Poupart ligament." The largest "gland" removed "was organized as a firm substance apparently within the cavity of the peritoneum"; but is thought to be an *inguinal* gland, or, as the terms seem to the Professor synonymous, perhaps a "mesenteric gland." The author believes the "tumor" to have been a mesenteric (or inguinal) gland; but that its strangulation would have been fatal, as if it had been a case of incarceration of the intestines themselves. Fortunately, the patient recovered; though what may have been his disease and how far his cure may have been the result of treatment at the hands of the surgeon, we are unable, judging from the printed record, to say.

THE following remarks upon the relations of a medical school to a university, from Prof. Bigelow's Address before the Massachusetts Medical Society, may be of use at this time.

"Most American medical colleges are virtually close corporations, which receive the fees of students, and are administered under a board of trustees by their professors, upon whose tact and ability success depends.

"The supervision of a medical college by a university has certain advantages. It may ensure activity in the professors, and, if exercised with constant reference to the possibility of thereby inducing changes for the better, is thus an antidote to excessive conservatism.

"Such wise direction from outside may fairly share the duty of seeking candidates for the professorships, in sifting their qualifications—and while it thus aids them in entering the school, encourages them also in leaving it, if their teaching is notoriously inadequate. It stands between the school and the community, especially the medical community, in satisfying them of the impartial character of appointments, the conscientious labor of teachers, and their deliberate devotion to the best interests of education. It may satisfy the community that the questions of the day, having a direct relation to the best method of teaching, have received careful attention—in short, that the main object of the school is the welfare of the student and the elevation of true medical science, and not the emolument, direct or professional, of the instructors.

"But medical teaching should not be too much interfered with, nor its machinery harassed or hampered by those who are not familiar with its working.

"A large part of medical teaching—perhaps, on the whole, the one most important part, or, at any rate, one which is second to no other—is the clinical instruction of hospitals, which it is quite plain can never be, in this country, as in Germany, in any way within the jurisdiction of a University. Again, a University, outside of its medical teachers, can know little or nothing of the complicated lines of division between medical subjects, or of their relative importance. But another consideration lies deeper. A University cannot judge accurately of medical men, in a community where solid scientific distinction and mere notoriety in practice are largely confounded. While in France and Germany, as we shall presently

see, the scientific merits of candidates for the higher places have been publicly sifted and proclaimed, no such system prevails or can find place here; and while in this country professional prominence is often, therefore, of uncertain character, and you may readily mistake in the teacher eloquence for science, abroad it is well understood that in medicine the most popular teaching may not be the most profitable to the student. If you add that in this country medical teaching is generally esteemed, not, as in Germany, as in itself an end, but as a means, as a road to the medical practice which is here the ultimatum of every medical man, you subject your University authorities to outside pressure for place and preferment, which they may be equally unqualified to judge of and unable to resist. The policy of enlarging a Faculty by an indiscriminate addition of professors might grow out of an erroneous belief that you can teach medical facts from books by acceptable tutors, as you can Greek or Physics. The reverse is notoriously true. The teacher of the higher medical branches must filter, digest, and recast book facts, to a degree that implies large actual experience and sound judgment. For these reasons, while formal appointments are better left to the University, I am satisfied that nominations, as in Germany, should be formally delegated to the Faculty. And the same is true of the establishment of professorships, and of the general organization of the school.

"A University should rely largely upon the guidance and wisdom of those to whom it does not hesitate to entrust its teaching, and may well hesitate to ignore their advice and assume more than a general supervision over machinery which has direct relation to the medical community and to the rest of medical teaching throughout the country; a teaching which, to insure success, must be largely an anomaly, when compared with other departments of the University. If it desires to secure the services of medical men of competence or eminence, it will maturely weigh the question, how it can compensate them—whether by professorial position, which, if you make it common and cheap, ceases to be desirable—by entrusting them with discretion and authority, which, if you reduce them to the rank and file of tutors, and rule them by a non-medical and comparatively uninstructed interference, they no longer possess—or by money, which in the higher branches of medical teaching will necessarily be considerable in amount."

DEATHS FROM CHLOROFORM.—In accordance with the suggestion contained in the *JOURNAL* of March 30th, we give a list of deaths from the use of chloroform, with the name and date of the journal where the details may be found. The same plan has been adopted by our cotemporary, the *New York Medical Journal*, and to it we are indebted for a number of the cases cited. We believe it to be a duty to put such accidents on record, and shall be indebted to correspondents who will mention to us those which escape our notice.

1.—Reported by Mr. Withers, Salop, Eng. *Brit. Med. Jour.*, 25 March, 1871. Male. Case of fistula; $3\frac{1}{2}$ drachms used. Alleged cause of death, paralysis of heart.

2.—Dr. Sylvester, Swansea Hospital, Eng. *Brit. Med. Jour.*, 22 April, 1871. Male. Fracture and dislocation of ankle.

3.—Mr. Wilmslow, Cheshire, Eng. *Brit. Med. Jour.* 22 April, 1871. Male. Case of ankylosis of knee; $1\frac{1}{2}$ drachms used.

4.—Dr. W. T. Briggs, Nashville, Tenn. *Nashville Jour. of Med. and Surg.*, February, 1871.

5.—Dr. J. F. Bancroft. *Denver Daily Tribune*, 3 March, 1871. Male. Case of dressing finger after amputation; less than half an ounce used.

6-17.—Dr. W. W. Dawson, Cincinnati, O. *Cin. Lancet and Observer*, January, 1871. Twelve cases.

18.—*London Lancet*, 24 December, 1870. Male. Case of operation for fistula in ano.

19.—Mr. Powers, Westminster Ophthal. Hospital, Eng. *London Lancet*, 28 Jan., 1871. Male. Case of operation for iridectomy; $1\frac{1}{2}$ drachms used.

DR. JOSIAH NOYES.—At a meeting of the Norfolk District Medical Society, Dr. Burgess reported the death of Dr. Josiah Noyes, of Needham, on the 6th January, 1871. Dr. N. was born in Acton, Oct. 8, 1801, and was therefore in his 70th year. He studied medicine with Dr. Dunbar, of Westmoreland, N. H.; received the degree of M.D. at Dartmouth College in 1825, and settled in the east part of Needham the same year, succeeding Dr. Gould. He taught school during the first winter's residence in Needham, having two patients in the first term, but his practice soon increased, obliging him to give it his exclusive attention. He married in 1835, and his widow survives him. He died of congestion of the lungs, supervening on a cold, contracted while attending a case of tedious labor. Other and long-standing disease added to

his prostration. He had efficient and the kindest attention from Dr. Townsend, of Natick.

Dr. Cotting said that Dr. Noyes was modest and retiring to a remarkable degree; few knew of his great acquirements in Botany. A degree of pressure little short of forcing, produced the papers on the Botany of Norfolk County which he read before the Society, and which were scarcely appreciated. They were no sooner printed, however, than they were copied and republished far and wide. He was a worthy and good gentleman, kind-hearted and devoted to the interests of the profession. A curious trait in his character was the way in which he was annoyed upon compensation being offered for his services.

Dr. Hayes said that in former years he had made botany somewhat of a specialty, having made quite a collection of plants at home and abroad. He felt qualified to endorse the gentlemen of the Society in the praise awarded to the late Dr. Noyes, of Needham, for his botanical knowledge. Some time since, when Dr. Noyes read before the Society his botanical papers, bringing with him with several plants for illustration and analysis, he could not help observing how remarkable was his originality and knowledge of botany. The accuracy of his descriptions of plants, with their habits as found in different localities, indicated that he was a close observer of nature as well as a lover of science. Though Dr. Hayes knew that Dr. Noyes possessed no ordinary knowledge of botany, still he felt sure that this attainment was not superior to his great modesty and Christian virtues.

The President, referring to the tribute which had been paid by members to the memory of their late excellent and valuable associate, remarked that a man of Dr. Noyes's character would have much preferred a warm, spontaneous offering like the present to any formal resolution and elaborate eulogy.

LACTO-PHOSPHATE OF LIME.—We are indebted to Prof. B. W. McCready for the following note on the lacto-phosphate of lime:—

There are strong grounds for the belief that, besides being a necessary ingredient of the hard parts of vertebrated animals, the phosphate of lime is intimately connected with the process of cell-formation. According to Lehmann, it is found in appreciable quantity wherever cells or fibres are formed, even in those inferior animals in

the hard parts of which the phosphate is replaced by the carbonate of lime; it is more abundant in the plastic secretions from wounds than in the serum of the blood; it is less abundant in the venous blood derived from parts, as the muscles, in which the metamorphosis of tissue is greatest, than in that coming from parts of inferior vital activity.

The phosphate of lime has been recommended in various forms of imperfect or depraved nutrition, particularly in cases of rickets; and the experiments of Milne Edwards seem to show that, under its use, fractured bones in dogs and rabbits show a quicker and more abundant formation of callus. It, however, has never obtained the general confidence of the profession. In a series of articles in the *Archives Générales de Médecine*, for December, 1869, and for January and February, 1870, Dr. L. Dusart reviews the whole subject, and, attributing the unsatisfactory results heretofore obtained to the great insolubility of the ordinary phosphate, recommends the use of a new preparation, which he terms the lacto-phosphate of lime, in which the lime-salt is dissolved in free lactic acid.

M. Dusart finds—1. That the lacto-phosphate of lime injected through a fistulous opening into the stomach of a dog, during digestion, is not precipitated by the contents of the stomach, but remains dissolved in the chyme.

2. That in comparative experiments made on guinea-pigs, in which the bones of one of the extremities were fractured, that in the animals submitted to the action of the lacto-phosphated lime, the callus was more voluminous, and the consolidation of the bone more perfect, than in those submitted to a similar regimen, with the exception of the lime-salt.

3. In four cases of tardy union of bone observed in the Hôpital Beaujon, the administration of the lacto-phosphate was attended with marked improvement of the fractured part; in three of the patients, the appetite was at the same time greatly increased.

4. In a number of cases of rachitis, the influence of the lacto-phosphate was well-marked, the children rapidly improving under its administration, the appetite at the same time being greatly increased.

5. Several cases of diarrhoea and indigestion, after resisting other treatment, quickly yielded to the influence of the lacto-phosphate.

At my request, Mr. W. Neergaard, phar-

maceutist, prepared for me, in June last, a syrup, by dissolving recently-precipitated phosphate of lime in concentrated lactic acid, and then adding a convenient amount of syrup. I have found it useful—

1. In cases of defective nutrition, with or without diarrhoea, but without any acute disease of the alimentary canal, particularly when these conditions have occurred in prematurely weaned children.

1. In rachitis.

3. In atonic dyspepsia. In most of these cases, not only were the digestive power and nutrition of the patient greatly improved, but the appetite for food was augmented, sometimes to an extraordinary degree. Dr. William A. Hammond has found it of very great value in cases of nervous derangement, attended with impaired nutrition; and Dr. Barstow, of Sandford Hall, has used it largely in similar cases. It is very probable that the free lactic acid may, in many instances, contribute greatly to the efficiency of the preparation.

In forming the syrup of the lacto-phosphate, Mr. Neergaard obtains the phosphate of lime, according to the United States Pharmacopœia, by acting on bone earth with muriatic acid, and precipitating the dissolved phosphate with ammonia. He saturates an ounce of concentrated lactic acid with the recent precipitate, and to the clear solution he adds six ounces and a half of water, an ounce and a half of orange-flower water, and twelve ounces of sugar. Prepared in this manner, the syrup will contain from fifteen to twenty grains of phosphate of lime to the ounce. The variation in strength is caused by the want of uniformity in the strength of the lactic acid; that furnished by the best manufacturer—Merck, of Darmstadt—varying considerably in its degrees of concentration. The dose for a young child is one to two drachms three or four times a day, while an adult may take a tablespoonful frequently. The taste is pleasantly acid, and the syrup is not apt to disagree even with delicate stomachs.—*N. Y. Med. Jour.*

SYRUPUS CALCIS LACTO-PHOSPHATIS. By WILLIAM NEERGAARD.—In the *Archives Générales de Médecine* for December, 1869, and for January and February, 1870, Dr. L. Dusart recommends the use of a new preparation, which he terms the lacto-phosphate of lime, in which the lime salt is dissolved in free lactic acid.

Dr. B. W. McCready, of N. York, request-

ed me to prepare a syrup containing that compound, and I adopted the following formula:—

Concentrated lactic acid, fl̄i.;
Magma of freshly precipitated phosphate
of lime, q. s.;
Aque flor. aurant., fl̄iiss.;
Aque puræ, q. s. ad fl̄i viij.;
Sacchari albi, fl̄xj.

Mix the lactic acid with two fluidounces of water, and saturate it with the magma. Put the liquid upon a filter, and add the rest of the water until eight fluidounces of filtrate are obtained. Pour this upon the sugar, contained in a bottle; shake occasionally until solution is effected, and strain. No heat ought to be applied, else the syrup assumes a milky appearance.

The syrup thus prepared contains between two and three grains of dry phosphate of lime in each fluidounce, besides the lactic acid.—*American Journal of Pharmacy.*

CUNDURANGO ONCE MORE.—We are indebted again to the *National Medical Journal* for the analysis by Dr. Antisell of the wood to which we called attention a few weeks ago. It was read before the Medical Society of the District of Columbia.

Judging from the analysis alone, we cannot help feeling sceptical in regard to the active character of the drug, especially when it is vaunted as a specific for a disease of the most intractable character. A specimen of the wood was shown by Dr. Bixby, of this city, at one of the sessions of the Mass. Medical Society, where it attracted considerable attention.

Forwarded to Department of Agriculture April 18, by the Department of State, with pamphlet.

Also, from the Smithsonian Institution, with pamphlet.

Samples consisted of stem and branches. No roots or leaves were forwarded; hence the botanical relations cannot as yet be ascertained.

PHYSICAL DESCRIPTION.

Stem.—Woody, shrubby, and covered by a greenish or ash-gray bark, the former tint being due to a coating of lichens on the surface. The branches are from half an inch to little more than an inch in diameter, the average being about the thickness of the finger. The woody fibre is straw-colored and brittle, breaking with a sharp fracture; it is almost tasteless, slightly aromatic and bitter.

Bark.—This contains whatever medicinal virtues are in the plant. It is of a gray color, slightly ribbed or fluted longitudinally, from corrugation, the result of drying; it increases in thickness in the ratio of increase of the stem, in the thicker branches constituting more than half the weight of the whole—in the thinner, somewhat less than half; readily separable from the stem by pounding or bruising, when it comes off in clean, longitudinal pieces; brittle in the transverse fracture, having a warm, camphory, aromatic, and bitter taste, resembling the cascarilla of the older collections. Under the lens, it is readily resolved into three layers: 1st, the inner layer or cambium of reticular woody tissues, having granules of starch and particles of resin imbedded; 2d, a middle layer of woody fibre and dotted ducts, with resinous particles also in this layer; and 3d, the cuticular or outer layer of bark cells, of a brown color, and containing tannic acid and coloring matters.

CHEMICAL ANALYSIS OF BARK.

Ratio of wood and bark:—

Bark	49.72
Wood	50.28

100 average of three examinations.

Constitution of bark in 100 parts:—

Moisture	8.
Mineral salts	12.
Vegetable matters	80.

100.

These vegetable matters were separable, by the usual methods, into the following:—

Fatty matter, soluble in ether and partially in strong alcohol	7.
Yellow resin, soluble in alcohol	2.7
Starch, gum and glucose	5.
Tannin, yellow and brown coloring matter and extractive	12.6
Cellulose lignin, &c.	64.5

80.

On distillation, no volatile oil or acid was obtainable.

No crystalline alkaloid, or active principle, was separable by the usual method of proximate analysis.

Whatever medicinal virtues the plant may possess must reside either in the yellow resin or in the extractive. The former is soluble in alcohol, the latter in water. In the water decoction, some of the resin is diffused, but the greater portion of resin is not extracted by water.

The therapeutic position of the plant, judged from analysis, is among the aromatic bitters.—*National Med. Jour.*

THE NEW YORK MEDICAL JOURNAL.—With the issue of the June number, our old friend Dunster closes his five years' service as the editor of the *New York Med. Journal*. His ability and energy have placed it among our most acceptable, because most valuable exchanges. Our best wishes go with him in his retirement from the editorial chair.

Dr. Dunster leaves to the journal worthy successors in Drs. William T. Lusk and James B. Hunter, both of whom are favorably known and appreciated in our city.

THE TREATMENT OF HÆMOPTYSIS.—Dr. Waters records a series of cases illustrating various forms and modes of treatment of hæmoptysis. He remarks that, considering the frequency of this symptom, it is only in a small proportion of cases that it proves fatal—the patient dying suddenly from the profusion of the hæmorrhage and consequent suffocation, or sinking more or less rapidly from exhaustion. Whenever it is only slight during the progress of a case of phthisis, he is of opinion that no special treatment need be directed to it; should it be, however, at all severe, rest should be enjoined, and no risk run by which an inflammatory attack might be brought on. In regard to the various measures that are usually resorted to, he considers the best remedy to be used is gallic acid, as being the safest, the most rapid, and the most effectual. It should be given in full doses of not less than 10 grains every hour, or every two, three or four hours, according to the severity of the case. It is readily taken by patients, it rarely disagrees with the stomach, and is well borne by delicate persons. It rapidly finds its way into the urine and is excreted. Acetate of lead, especially when combined with opium, is often of great service. He usually gives it in the form of pill, in two or three grain doses, every two, three or four hours, but it should not be too long continued on account of its constipating effects. Sulphuric acid is a good remedy in slight cases of hæmoptysis, and it may be combined with other substances, as quinine and iron, which are given for the general treatment of the disease. It should be given in doses of from 10 to 30 minims. Dr. Waters's experience of the use of ergot of rye in pulmonary hæmorrhage is not very favorable. In severe cases of hæmoptysis he always applies ice to the chest: it should be included in a bag, and not allowed to remain so long as to

produce a chill. In regard to digitalis, as far as his experience goes, he is unable to recommend it as a trustworthy remedy in hæmoptysis. He occasionally prescribes dry cupping, but never fails to give styp-tics internally at the same time. He gives a caution against the indiscriminate administration of purgatives. Turpentine he considers to be less valuable in hæmorrhage from the lungs than in hæmorrhage from the bowels. The room should be kept cool and well ventilated; the food should consist of iced beef-tea and milk, and small pieces of ice given to the patient to suck.—*British Medical Journal*, March 11, 1871.

In a note upon the above lecture, in the following number of the same journal, Dr. Goddard Rogers, whilst agreeing for the most part in the estimate of the relative value of the various remedies therein mentioned by Dr. Waters for the treatment of hæmoptysis, remarks that alumen exsiccatum and diluted acetic acid are worthy of mention, and that as long ago as 1858 he himself called attention to the very marked efficacy of the so-called tannate of alumina in spitting of blood. Iron-alum, a sulphate of peroxide of iron, and a sulphate of alumina or potash, is perhaps a still more powerful astringent. The dose should not exceed three grains to begin with. Ruspini's styp-tic also deserves a passing notice.—*London Practitioner*.

COCOA AND CONDENSED MILK.—The English Condensed Milk Company (Lion Brand) have introduced into use a combination of cocoa and condensed milk, which is, in its way, perfect. A teaspoonful dissolved in a small cup of boiling water makes on the spot a cup of excellent, pure and delicious cocoa, or chocolate, as you may please to call it, which requires neither further sugar or milk. Made of pure cocoa and condensed milk, with an adequate addition of sugar, and prepared in small tins which can be kept for any length of time, it recommends itself for a great many useful purposes which immediately suggest themselves—in the sick room, whether for patient, or nurse, or weary doctor; in hospitals, ships, camps; in the study of the night-worker, the bachelor's cupboard, the emigrant's stores, the army canteen, the volunteer camp; for yachting and exploring parties; for fishing, shooting, and picnic excursions, at home and abroad, it will be alike grateful and convenient. It is a very happy idea, well carried out; and will, we expect, achieve an immediate and extended success.—*Brit. Med. Jour.*

Medical Miscellany.

THE BOYLSTON PRIZE COMMITTEE appointed by the President and Fellows of Harvard University have awarded a prize of one hundred and fifty dollars, or a gold medal of the same value, to Dr. B. Joy Jeffries, of Boston, for the best dissertation on "Recent Advances in the Pathology and Treatment of Cutaneous Diseases."

CASES OF EXCISION OF ELBOW.—An interesting series of cases was shown to the members of the Massachusetts Medical Society at the Massachusetts General Hospital on the morning of the first day of the convention. Among others, Dr. Hodges exhibited four cases of excised elbow, with motion and strength restored, and mentioned two others.

SICK-ROOMS—DECISION AND QUIETNESS.—Consult your patient's wants, but consult him as little as possible. Your decision need not be very obvious and positive; you will be most decisive if no one suspects that you are so at all. It is the triumph of supremacy to become unconsciously supreme. Nowhere is this decision more blessed than in a sick-room. Where it exists in its genuineness, the sufferer is never contradicted, never coerced; all little victories are assumed. The decisive nurse is never peremptory, never loud. She is distinct, it is true—there is nothing more aggravating to a sick person than a whisper—but she is not loud. Though quiet, however, she never walks tip-toe; she never makes gestures; all is open and above board. She knows no diplomacy or *finesse*, and of course her shoes never creak. Her touch is steady and encouraging. She does not potter. She never looks at you sideways. You never catch her watching. She never slams the door, of course, but she never shuts it slowly, as if she were cracking a nut in the hinge. She never talks behind it. She never peeps. She pokes the fire skilfully, with firm, judicious penetration. She caresses one kind of patient with genuine sympathy; she talks to another as if he were well. She is never in a hurry. She is worth her weight in gold, and has a healthy prejudice against physic, which, however, she knows at the right time how to conceal.—*Good Health.*

EXCISION OF THE HIP-JOINT FOR MORBUS COXARIUS.—Henry F. Lister, M.D., of Detroit, Mich. (*Trans. Mich. Med. Soc.*), reports 280 cases of this operation—being those recorded by Dr. Ashurst, Jr. (202), Dr. Richard Good (46), and 32 additional cases compiled by a committee appointed by the Michigan Medical Society. In those published by Dr. Ashurst, Jr., 113 recovered and 89 died; in Dr. Good's cases, 17 recovered and 29 died; and in the Committee's tables there were 16 recoveries and 16 deaths. The per cent. of recoveries from aggregated tables were as follows:—under 5 years, 58 per cent.; 5 to 10 years, 68 per cent.; 10 to 15 years, 60 per cent.; 15 to 20 years, 38 per cent.; 20 to 30 years, 31 per cent.; over 30 years, 16 per cent.; not stated, 39 per cent. One hundred and ninety-eight were males and eighty-eight females; not stated, 34.

Seventy-two operations were performed on the right side, and 74 on the left; not stated, 134. With regard to the utility of the limb, 103 proved useful, and 3 useless; not stated, 33; doubtful, 7. *Medical Record.*

NEW YORK STATE INEBRIATE ASYLUM.—The Trustees of this Institution held their first meeting recently.

A temporary organization was effected by calling Dr. Wm. C. Wey, of Elmira, to the Chair, and Dr. George Burr was made Secretary. The Board then proceeded to elect officers by ballot as follows:—

President—Dr. Willard Parker; First Vice-President, Dr. Wm. C. Wey; Second Vice-President, Dr. Geo. Burr; Treasurer, Abel Bennet; Registrar, Samuel W. Bush; Superintendent, Dr. D. G. Dodge; Committee of Finance, W. W. Gordon, P. S. Danforth, W. H. Bristol, Abel Bennet, Ausburn Birdsall; Committee of Management and Discipline, J. G. Orton, W. C. Wey, G. A. Dayton, George Burr, P. G. Ellsworth; Executive Committee, W. H. Bristol, W. W. Gordon, J. G. Orton, P. Munday, J. Conkling.

BOOKS AND PAMPHLETS RECEIVED.—Publications of the Massachusetts Homoeopathic Medical Society, from 1840 to 1861. Vol. I. Pp. 410.—On the Treatment of Pueriaria by Balsam of Copaliba. By Henry Samuel Purdon, M.D., L.R.C.P., Belfast, Ireland. Pp. 4.

Deaths in seventeen Cities and Towns of Massachusetts for the week ending June 10, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	100	Consumption 45
Charlestown	6	Pneumonia 18
Worcester	14	
Lowell	15	
Milford	4	
Chelsea	3	
Cambridge	10	
Salem	8	
Lawrence	6	
Springfield	5	
Lynn	7	
Gloucester	6	
Fitchburg	2	
Newburyport	6	
Somerville	4	
Fall River	7	
Haverhill	2	

205

Lowell reports one death from smallpox.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, June 10th, 100. Males, 45; females, 55. Accident, 4—apoplexy, 3—bronchitis, 5—congestion of the brain, 1—disease of the brain, 2—cancer of the oris, 1—cholera infantum, 2—consumption, 19—convulsions, 3—croup, 1—cyanosis, 1—debility, 3—diarrhoea, 3—dropsy of the brain, 1—epilepsy, 2—erysipelas, 2—scarlet fever, 1—typhoid fever, 4—bilious fever, 1—gangrene, 1—disease of the heart, 3—hip disease, 1—intemperance, 1—disease of the kidneys, 1—disease of the liver, 1—congestion of the lungs, 5—inflammation of the lungs, 5—marasmus, 2—old age, 4—premature birth, 1—peritonitis, 1—pelvic inflammation, 1—puerperal diseases, 3—rheumatism, 1—scrofula, 1—disease of the spine, 2—suicide, 1—unknown, 6.

Under 5 years of age, 38—between 5 and 20 years, 12—between 20 and 40 years, 21—between 40 and 60 years, 16—above 60 years, 13. Born in the United States, 65—Ireland, 27—other places, 8.

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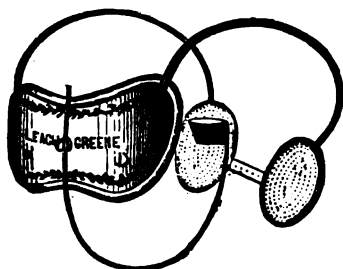
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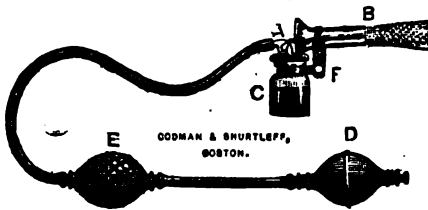
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Fig. 5. Shurtleff's Atomizing Apparatus.



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TRADE MARK.  This is a pure Aqueous Extract of the Pinus Canadensis, and possesses valuable astringent and stimulant properties. It has been used with remarkable success in Chronic Dysentery and Diarrhoea, when reduced with four parts water, and in Uterine and other passive Hemorrhages; also as an Injection in Leucorrhoea, Catarrh, and in all Chronic Diseases of the Mucous Surfaces. It forms an efficacious injection in obstinate cases of Gleet, Gonorrhoea, and Bleunorrhoea, and when so used should be diluted with three parts water.

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May 18.—1y.

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For particulars, address Mrs. O. H. KNIGHT, or Miss M. A. F. DANA, Fayville, Mass.

References:

Dr. S. G. Howe, Boston, Mass.

Dr. Edward Jarvis, Dorchester, Mass.

Dr. H. M. Knight, Lakeville, Conn.

Mr. H. K. Frothingham, Mass. Bank, Boston.

Mr. P. A. Ames, 70 State Street, Boston.

88.—1y.

D. R. KIMBALL has returned from Europe, and has resumed his office, No. 6 Temple Street.

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020.—1y.

A PHYSICIAN, located in one of the most pleasant New England Villages, and doing an extensive business, wishes, in consequence of failing health, to dispose of his situation for a small compensation. Address G, at this office. May 26.—1y.

A VERY DESIRABLE OPENING.—A physician in Minnesota, who has a large and first class practice, being about to remove to an Eastern city, desires to dispose of his property, consisting principally of a city residence and office, to a good physician who may become his successor.

For particulars, inquire (by letter or otherwise) of O. W. JORDAN, 82 Washington Street, Boston. Ap. 6.—8m*

10 PHYSICIANS.—Comfortable apartments, with Board and Nursing, for Ladies about to be confined, or who require treatment (except for contagious or venereal diseases), under the charge of their own physician, can be found by addressing Mrs. M. S. WASS, No. 4 Ferdinand Street, Boston.

Satisfactory references will be required, and given in return, and the utmost privacy and seclusion maintained, if desired by the patient.

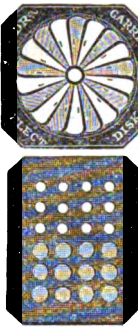
References:

Wm. Read, M.D. (late City Physician), 24 Dartmouth St. Boston.

David Thayer, M.D., No. 58 Beach Street, Boston.

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Mch. 30—



THE ELECTRIC DISK.—Notice to Druggists.—After this date, Dr. Garratt's superior Electric Disks, made under his own inspection, and warranted, can be had direct from first hands in Sealed Packages and at much lower rates by wholesale druggists, surgical instrument makers, and dealers,—so that the Disk will retail hereafter at \$3.50, and yield also larger profits. This very convenient remedy for cold Rheumatism, local Weakness, Pain and Palsy, for a lame back, thorax, loin or limb, is in demand wherever it is known.

Orders, by the dozen, or gross packages, will be filled with despatch by the Manufacturers,

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Boston, Mass., April 3, 1871.

Ap. 6.—4t.—cowlf.

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VACCINE VIRUS.—From healthy country children, not syphilitic, to vaccinate ten persons, 60 cents; twenty, \$1. One crust, \$2. Cowpox crust, \$3. Packed in air-tight envelopes to send any distance. Should a failure happen, a fresh supply will be sent gratis.

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Dr. S. S. GIFFORD,

N17.—1y

E. Stoughton, Ms.

D. R. E. B. MOORE, 194 Hanover St., will hereafter attend exclusively to office Practice and Consultations.

Jan. 19.—1y.

D. R. GARRATT'S office hours, after this date, will be from 9 to 1 only.

No. 3 Hamilton Place, Boston, Feb. 1, 1869

F1.—1y

LEOPOLD BABO, German Apothecary, No. 12 Boylston Street, Boston.

Dec. 23—

The Boston Medical and Surgical Journal

(16 pages royal 8vo.)

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PRIZE SANITARY PAPERS.

THE health of a city is the health of its individual inhabitants, and the health of individuals lies almost entirely within their own hands. Legislative action may prevent the occurrence of epidemics of small-pox by enforced vaccination, may prevent or even arrest malarial or typhus infection by enforcing attention to hygienic laws, and may curtail the spread of contagious diseases, by segregation of the sick from their fellows, but this is all. As long as individuals, whether through ignorance or neglect, pay no attention to bathing, fresh air, exercise, sleep, diet, etc., just so long their health will suffer in spite of all legislative enactments. The diffusion of useful knowledge upon these and kindred topics, has seemed to the Health Department of the American Social Science Association, a subject of vital importance; and accordingly, consistently with the plan on which the Association was founded, namely, "the discovery and application of the immutable laws governing man in his social relations," it proposes to offer through its committee four prizes of \$50 each, for short popular essays upon hygienic matters adapted to excite the interest, command the attention, and instruct the minds of the community at large.

The four subjects selected for the award of prizes are: I. The Care of our Eyes. II. The Brain, and how to hurt it. III. Nursing the Sick. IV. Food, Cookery, and Digestion.

The Essays must contain not more matter than twenty crown 8vo. pages; the style to be attractive, and of a character suited to engage the interest of the large class of readers which has little time for reading anything besides magazines and newspapers. The author of a successful essay will transfer the copyright upon receipt of the sum awarded as a prize, and in case of its publication will have the option of placing his name before it. Any person may write upon one or more of the subjects named. Should no suitable essay be presented upon a given subject, no award will be made upon that subject.

Each essay should be accompanied with a sealed note, containing the author's name and address, and sent, on or before July 1st, 1871, to the Treasurer of the American Social Science Association, 13 Pemberton Square.

Any person having a decided preference for either of the following subjects, may substitute it for either of those above mentioned: I. The air we Breathe. II. Inherited Disease. III. Work and Play; comparing, for example, European and American Habits. IV. Influence of Occupation upon Health.

The names of the successful competitors will be announced in the September number of the "Boston Medical and Surgical Journal," and the September number of the "New York Medical Journal."

Believing that there is a large class, by no means exclusively medical, both able and willing, and lacking only practical and systematic opportunity, to contribute by means of such essays to the general welfare, the Association desires to enlist the active coöperation of competent persons throughout the country in producing a series of publications which will find a place in the popular literature of the day, and be widely circulated, at a low price, through the ordinary distributing agencies. The following, among those which have been proposed, will indicate the class of subjects that may properly be included in the series:—

Sleep and Rest.—Food and Care of Infants.—Favorite Modern Deformities.—Vaccination.—Nervousness and Headache.—Care of the Ear.—School Diseases.—Ventilation in its Practical Aspect.—Unwholesome Habits of Society.—Relations of Mind and Body.—Quacks and Quackery.—Sunshine and Warmth.—Waste of Food in America. Bathing.—Clothing.—Bodily Exercise.—Influence of Climate on Health.

June 23

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

FRANCIS H. BROWN, M.D., EDITOR.
H. H. A. BEACH, M.D., ASSISTANT EDITOR.

Whole No. 2264. }
Vol. LXXXIV. }

THURSDAY, JUNE 22, 1871.

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HARVARD UNIVERSITY.

MEDICAL DEPARTMENT—BOSTON, MASS., 1871-72.

CHANGES IN THE PLAN OF STUDY AND THE REQUISITES FOR A DEGREE.

THE REGULAR COURSE OF STUDY for persons who begin their medical education at this School, will occupy three full years. The year will begin on the Thursday following the last Wednesday in September, and end on the last Wednesday in June, and will be divided into two equal terms. The instruction will be given by Lectures, Recitations and Practical Exercises, throughout the year. The general subjects of the Regular Course of study are:—

For the first year—Anatomy, Physiology and general Chemistry.

For the second year—Medical Chemistry, Materia Medica, Pathological Anatomy, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

For the third year—Pathological Anatomy, Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

No student will receive his degree until he has passed a satisfactory examination in all the above-mentioned subjects. Examinations in all these subjects will be held at the beginning, middle and end of each year.

Students who take the regular course of the School will be divided into three classes according to their time of study and proficiency. Students may be admitted to advanced standing in the regular course; but all persons who apply for admission into the second or third year's class must pass an examination in the branches already pursued by the class to which they seek admission. Students who fail in any subject at one examination may be examined again at the next examination. The regular examinations will be held in the following order:—

At the end of the first year—Anatomy, Physiology and Chemistry.

“ “ “ second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

“ “ “ third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

Students who began their professional studies elsewhere may be admitted to the School and become candidates for a degree without joining the regular classes; such students may take up the subjects which they have not previously studied, in such order as may be thought best, passing the examinations at the beginning, middle and end of each year.

Students who do not intend to offer themselves for a degree, may join the School for one term or more, and pay for instruction in such subjects as they select. Such students will be furnished, without examination, with certificates of attendance.

REQUIREMENTS FOR A DEGREE.—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examinations, and have presented a thesis.

FEES.—For Matriculation, \$5; for the Year, \$200; for either Term, \$120; for Graduation, \$30; for courses in single subjects, according to the detailed announcement.

[] The plan will go into operation on Sept. 28th, 1871, but the changes above described will not affect students who have already entered the School, unless by their choice.

For further information, address

Dr. C. ELLIS, Dean,
114 Boylston Street, Boston,

Apr. 20—

ELEGANT PHARMACEUTICAL PREPARATIONS,

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THE attention of Physicians is solicited to our more recent Pharmaceutical Preparations. Our facilities for manufacturing enable us to offer these preparations at a less rate to Physicians and Druggists than they can be prepared for, except on a very large scale. They are made with scrupulous exactness, and are in every respect identical with what we dispense over our retail counters. They will be supplied by the leading Druggists in all our large cities, or we will send samples to Physicians, with price list, free of charge.

Elixir Phosphate Iron, Quinine and Strychnia.

There is perhaps no prescription so generally used and with such gratifying results, as the above combination. Owing to the intensely bitter taste of the solution or the syrup, patients very generally object to them, and many sensitive stomachs reject their administration. Physicians hesitate to prescribe in pill form from the want of prompt action—the frequent passing away from the system undissolved, and the occasional cumulative action of the Strychnia, when the pills are long retained. This Elixir has been extensively used with very gratifying results, and does not seem open to any of the above objections. Using pure Alkaloids of Quinia and Strychnia the excess of acid is not required, the bitter taste is not developed, and the Elixir is readily taken by children as well as adults.

Each teaspoonful contains two grains of Phosphate of Iron, one of Quinia, and one sixtieth of a grain of Strychnia.

Adult dose, one teaspoonful three times a day.

Elixir of Gentian Ferrated.

This preparation is identical in strength with the Comp. Infusion of Gentian of the Pharmacopoeia, with the addition of one grain of Phosphorated Iron to each teaspoonful.

This Ferrated Tonic Bitter excites the appetite, invigorates digestion, and operates as a general corroborant. Blended with Aromatics, and slightly acidulated with Phosphoric Acid, it proves grateful to the most delicate stomach.

Give to children one-half to a teaspoonful before eating. Adults, a desert-spoonful as often.

Elixir of Hops.

This preparation represents, in the most agreeable form, the Tonic and Anodyne Properties of Hops. There are few medicines of more real value, and less open to objection from continued use, in cases of wakefulness, nervous tremors, and the general irritability so often associated with Dyspepsia. This equals in strength the official Tincture of Hops.

Adult dose, one or two teaspoonfuls.

Elixir Valerianate of Ammonia.

[Goddard's Formula.]

This preparation, combining the stimulant and anti-spasmodic properties of both Valerian and Ammonia, in a form agreeable and convenient, has proved a valuable agent in all cases of Nervous Derangement, Neuralgia, Hysteria, Nervous Headache, and in all those complicated disorders consequent upon nervous debility and depression.

Adult dose, one or two teaspoonfuls.

Elixir of the Pyrophosphate of Iron.

Iron with Phosphorus and Calisaya.

Promptly tonic, without being irritating or stimulant, combining the effects of Phosphorus and Iron with the codial and tonic influences of the Chichona Elixir. The freedom from all unpleasant taste, and the ease with which this preparation is borne by even the most sensitive stomachs, together with its ready assimilation with the food, and consequent rapid absorption, render this preparation specially valuable. It is used with benefit in all instances where a nerve tonic is indicated.

Each teaspoonful represents the activity of five grains of Calisaya Bark, together with two grains of the Soda-Pyrophosphate of Iron. This Salt of Iron is not precipitated in the stomach by the agency of food or gastric juices, and will be found an efficient chalybeate when ordinary iron preparations produce constipation, headache, etc.

The dose for an adult is a teaspoonful three times a day, immediately before or after meals. For children, to be graduated according to age.

Elixir Pepsin, Bismuth and Strychnia.

This combination consists of Pepsin (prepared from the stomach of the Pig), with the soluble Citrate of Bismuth, and one-sixtieth of a grain Strychnia to each fluid drachm. It has been employed with very great success in Dyspepsia, Gastralgia, General Debility of the System, and in all the numerous disorders dependent on want of tone and vigor of the stomach and digestive organs.

Elixir of Calisaya Bark.

An Agreeable Stomachic and Efficient Tonic.

This is a most delightful and energetic tonic and restorative. Prepared with Sherry Wine, Peruvian Bark, and Aromatics, it is peculiarly grateful to patients suffering from debility, loss of appetite, and general lack of nervous force.

Each fluid drachm represents five grains Calisaya Bark.

Directions.—A teaspoonful for children, a desert-spoonful for adults, three times a day, or as required.

Compound Syrup of Hypophosphites.

This preparation, suggested by the experience and researches of Dr. CHURCHILL, is composed of the Hypophosphites of Lime, Soda, Potassa and Iron. The theory of the advantage of the Hypophosphites is based upon the elimination of free Phosphorus from the system. The therapeutic effect would seem to sustain the value of this preparation, from the benefits derived from their use, both here and abroad.

Each fluid drachm contains two grains Lime, two grains Soda, one grain Potassa, one half grain Iron.

Adult dose, one teaspoonful three or four times a day.

Compound Syrup of Phosphates, or Chemical Food.

Composed of the Phosphates of Lime, Soda, Potassa and Iron.

This preparation was introduced by Professor Jackson, of the University of Pennsylvania, and has been extensively prescribed with very gratifying results. It is not intended as a popular remedy, but is submitted to the Medical Faculty as a nutritive tonic, well suited to supply the waste of elementary matter in the human system during the progress of chronic cases, particularly in Dyspepsia and in Consumption.

By careful and intelligent manipulation, the salts are all held in complete solution, hence their efficiency in a small dose. This preparation is pleasant to the eye, agreeable to the taste, and grateful to the stomach, and does not nauseate by protracted use.

Each fluid drachm contains one grain freely precipitated Phosphate of Iron, two grains Phosphate of Lime, one grain Phosphate of Soda, one-half grain Phosphate of Potassa, with slight excess Phosphoric Acid.

Adult dose, a teaspoonful.

Bitter Wine of Iron.

Citrate of Iron and Peruvian Bark.

Prepared with Sherry Wine, Calisaya Bark, and Citrate of Iron, each fluid drachm represents two grains of the ferruginous salt, and the activity of five grains of Calisaya Bark.

Among the many chalybeate and vegetable tonic combinations that are justly entitled to a high degree of favor, we know of none more worthy of esteem than this. The happy effect, in many cases of debility, loss of appetite and general prostration, of an efficient Salt of Iron combined with our most valuable Nerve Tonic, has been so frequently demonstrated, that we feel every confidence in recommending it. For an adult a teaspoonful immediately before or after each meal.

[Continued on next page.]

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, JUNE 22, 1871.

[VOL. VII.—No. 25.]

Original Communications.

CASE OF GENERAL FATTY DEGENERATION RESULTING IN APOPLEXY OF THE KIDNEY.

By G. J. ARNOLD, M.D., Boston.

A. B., clergyman, aged 42 years, married, with general appearance previous to last illness excellent; with large frame, and robust figure, of regular and abstemious habits; had the indications of one destined for a long life.

His father had an attack of apoplexy at 60 years; but, though suffering by paralysis, loss of speech and otherwise, during the remainder of his life, lived to the age of 85 years.

Recently, a brother died from apoplexy at 54 years; and, still more recently, a sister from the same disease at the age of 58 years.

The history of the present case goes back several years; and, although the symptoms had been referred more or less to the head and nervous system, I was led to believe, long before death, what the sequel has proved true: that it was one of general fatty degeneration. When engaged in the hospital in Washington, in the first year of the war, in a letter of that date, the patient complained of disagreeable sensations in his head, and regretted that he did not have the "nosebleed" as usual to relieve these symptoms. Subsequently, he came to reside in this locality, and in 1866 I first became acquainted with his constitutional tendencies. He was then seized with an attack of simple diarrhoea. He had had but two or three slight discharges before I saw him. His skin was warm and moist. Tongue slightly furred. Pulse very small and weak, but not accelerated. Heart's impulse very slight, which I thought at the time in part due to a superabundance of adipose tissue. Prostration great. Having some pain, I prescribed a half grain pill of opium and wine. The effect of the opium was very marked. His sleep was heavy,

his breathing stertorous; stupor lasting for the greater part of two days. Tongue extremely foul; breath exceedingly offensive; pulse 64, reduced in volume. The feeling of prostration quite considerably increased. Alcoholic stimulants were not borne well, and, indeed, such was his aversion to them that very little could be given. Quinine was administered, and in a week he had nearly recovered. For such a slight attack of illness, it was difficult to account for the extreme degree of muscular weakness and prostration, as also for the extraordinary effect of the opium.

I have been thus careful to give the more prominent features of a slight attack occurring four years previous to his last sickness, for their important indications with reference to the pathology of his disease, and as they offered me the first intimation of a tendency which afterwards proved fatal.

His brother's death, from apoplexy, in 1867, disturbed him very much. He soon began to feel certain strange sensations in his own head.

The vagueness with which he described these sensations could but leave one in doubt as to how much was real and how much imaginary. He described his feeling "not exactly dizzy, but as if about to be." At one time, when in the pulpit, he felt a sense of insecurity in looking out upon the congregation, and held on firmly to the desk with his hands lest he should fall: yet he was able to finish his sermon; and his difficulty failed to attract the attention of his hearers. The fact that these symptoms had a tendency to increase both in point of frequency and intensity, with evidence from other sources, led me to have serious apprehensions in regard to his case. His many friends whose solicitations with regard to him were earnest and persistent, led him to try various means of cure; each in turn having for a time an apparently good effect was soon discarded for another which promised a greater benefit.

He had occasional attacks of faintness, to one of which I was called. It came on without apparent provocation while he was

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[WHOLE No. 2264]

preparing to go to church. When I arrived, which was in about half an hour, he had but partially recovered. Nothing was observable save perhaps a slight diminution in volume of the pulse, and feebleness in cardiac impulse, with feeling of great muscular weakness.

At another time, a similar attack came on after slight exercise in shovelling snow. In this attack the faintness lasted the greater part of the day. I should say here, perhaps, that the cardiac impulse had always been very obscure whenever examined, even in a comparative state of health; and there was a corresponding feebleness of impulse at wrist. I had attributed this in part to the superabundance of adipose tissue, but mostly to insufficient power in the muscular walls of the heart.

In the spring of 1869, he suffered from an illness in which nervous debility was the most prominent feature. It was quite persistent, notwithstanding the free administration of tonics, and he did not fully recover until after a visit in the country. In September he returned, feeling "never better in his life," although later in the season he returned to the lifting cure.

In December, 1869, his sister, living at a distance, died suddenly from apoplexy, aged 58 years. On the morning of the funeral, he was seized with an alarming syncope, which lasted two hours, from which he was with difficulty resuscitated.

He had always attributed his cerebral symptoms to excess of blood in his head, and it was with difficulty and by slow degrees that he could be brought to see the fallacy of his belief, and to be prevailed upon to adopt a change of diet and regimen. Quinine, with other tonics and a more generous diet, seemed to benefit him; but he quickly dropped them, as he had done before, saying that he was quite well and needed them no longer.

March 14th, 1870—He was attacked with a prevailing sore throat, from which others of the family had been suffering. When first seen, his countenance was somewhat anxious. Skin warm and moist. Pulse 80, regular, but, as usual, soft and small. Tongue slightly furred; throat swollen, somewhat painful, and had a peculiar puffy look, as of serous infiltration. Surface not reddened. A secretion of tough viscid mucus clung to the throat. Bowels in good condition. Urine normal. Pain and swelling increased gradually during this day and the next.

17th.—Swelling at its height. Some

difficulty in deglutition. Countenance less anxious; very little pain; pulse not accelerated; tongue considerably furred; voice somewhat changed; no dejection. Ordered a gentle cathartic. No anodyne given, as none was needed. Gargle changed from tannin and potass. chloras. to sage-tea and alum with decided relief.

18th.—Profuse epistaxis, followed by feeling of prostration; in other respects same as yesterday—one dejection.

19th.—At noon, again a profuse epistaxis. Swelling subsiding. Pulse 84, very soft and small. Prostration quite marked. Quinine and full diet.

20th.—Feels better. Pulse 76.

23d.—Sat at an open window yesterday and to-day; feels rheumatic pains in various parts of body, localized chiefly in left shoulder and right hip. Pulse 88, and irritable. Skin normal. No ozæna. No headache. Throat quite well.

24th.—Rheumatic pains extending and changing; right knee and foot involved. No swelling or redness. Very slight tenderness. Pulse 88. Tongue slightly furred. Skin natural. P.M.—Pain in walls of chest, both sides; no cardiac complication.

25th.—Pain in chest continues. Pulse 88. Tongue considerably furred. Left foot involved.

26th.—Spasmodic respiration, with occasional involuntary sighing. Pain much less; in fact no pain, except on motion. Right leg and foot relieved; left foot and leg involved. Pulse 92. Urine high colored, loaded with urates; otherwise normal.

27th.—Sighing respiration much less. Left arm and hand involved; other parts relieved. Dejection from Rochelle salts.

28th.—Tongue clearing. Pulse 86. Improvement in symptoms generally.

R. Potass. iodid. gr.v. 3 t. d.

29th.—Continues better.

30th.—Pulse suddenly mounted to 108; continues to feel better and stronger, however. Otherwise, symptoms same as yesterday. Soreness and lameness abating. On forced inspiration, a slight pain still in chest. Sounds of heart normal; no cardiac complication has yet occurred. Tenderness of hands and feet disappearing. Tongue still clearing up. No reason apparent for such an increase in rapidity of pulse. Ordered an enema. P.M.—Left forearm and hand swollen and red—the first appearance, during sickness, of the proper rheumatic blush to the skin; right forearm and hand soon reached the same condition. More pain than he has yet experienced since rheu-

matic attack. Hitherto no anodyne has been necessary to secure sleep. One drachm of tinct. hyoscyami given.

31st.—Much better. Slept well, but heavily. Pulse 92.

April 1st.—Continues to improve. Swelling and redness in arms abating. Is able to get up, with a little help, to have dejection. Pulse 84. Some appetite.

2d.—Pulse mounts again to 104, irritable. No other indication of trouble; on the contrary, remarks how well he feels. Appetite good. Had slept well. At 1 o'clock and 15 minutes, while sitting up in bed taking his dinner, he was seized with sudden acute pain in left side and back, amounting to agony, and he sank back utterly helpless and prostrate. When seen, about twenty minutes later, immediate death seemed imminent. The shock was terrible. Countenance livid; skin cold and clammy, and studded over with great drops of sweat; clothing drenched; extremities deathly cold; respiration gasping; sounds of heart inaudible; pulse scarcely and only at times perceptible. A hypodermic injection of one third of a grain of morph. sulph. was given immediately, and in ten minutes he seemed easier and began to rally a little. Stimulants were given freely.

Council was asked, and Dr. Cotting sent for. Very little hope was entertained of his being able to rally. Stimulants continued; brandy and ammonia given freely, and, later, beef-tea and quinine. Pain became less severe, but still constant; other symptoms remained nearly the same. His death constantly expected. The slightest improvement was perceptible about midnight. The pulse was a little more prominent; could be counted continuously for 10 or 12 beats only, but by counting rhythmically during the time it was not perceptible it was made 170 per minute. In the morning, April 3d, he had rallied but little. Could answer questions in monosyllables. Respiration still short and quick. Pulse 160, small and evanescent. Extremities still clammy and cold. Countenance still livid. Passed urine in bed. Had taken since yesterday noon, by way of stimulants, twelve ounces of brandy, half bottle wine, half drachm ammon. carb., ten grains of quiniæ sulph., and, at intervals, beef-tea. Pain in region of left kidney quite acute; very tender on pressure there. Applied fomentations.

April 3d, P.M.—Has improved during the day. Passed water, which was not preserved; "was not bloody, looked natural." Still entirely helpless; unable to move

without assistance, and still the hands and arms in particular maintain that deathly coldness which has existed since yesterday. Pain continues in left side; not relieved by fomentations, and but temporarily by chloroform; very tender and has an indurated feel. Unable to bear a careful examination.

4th.—Slept at intervals through the night; feels somewhat refreshed. Still helpless.

Pulse 100. Skin warmer; extremities at times clammy. Urine examined, and found to be loaded with phosphates; otherwise normal. Nothing to account for pain in region of kidney. Quinine diminished to two grains every five hours. Stimulants abated. P.M.—Passed urine several times during the day; sp. gr. 1022; excess of phosphates; no blood; no albumen; no casts; acid. Pulse 112, improved in quality. One dejection by enema. Extremities can be kept warm. Complains of less pain in side. Still helpless.

5th.—Feels more comfortable; slept better. Pulse 108, more full. Tongue less furred. One dejection by enema. Takes food quite well. Symptoms generally improving. P.M.—Comfortable all day. Can be moved with greater facility and with less pain. Fears return of pain; left side still sensitive; deep pressure not borne. Skin warm and natural. Depression passing off. Pulse 104, steadily improving in quality.

6th.—Had a good night; feels "splendid." Relished a breakfast of bread and cream. Pulse 96, full. Omitted quinine and prescribed tr. ferri chlorid. 10 drops in water 3 t. d. 9, A.M.—Faintness coming on. Pulse increasing in frequency and falling off in volume. Surface of body and lower extremities warm; shoulders, arms and hands clammy and cold. Countenance anxious; in spite of all efforts, evidently sinking. 5, P.M.—Pulse 120, small, weak, evanescent. Respiration short, quick, incomplete, and 40 times per minute. Passed normal urine. Used stimulants with uncertain effect; slowly rallied towards 11 o'clock, P.M., and slept a troubled sleep from 12 until 3½ o'clock. Woke with sharp pain in region of heart. Took 3 drops fld. ext. opii, with entire relief.

7th.—All day between life and death. Pulse 130, scarcely perceptible. Respiration quick and incomplete, 36 per minute. Voided urine four times in twenty-four hours; normal. Bowels tympanitic and puffed up enormously. Left side exceedingly tender. Pain on movement; not much otherwise. Constant desire to defæcate, without result. Sleepless night.

8th.—Condition much the same. Pulse

a little more firm. Frequent fainting attacks during day. 4 o'clock.—No evacuation of urine since morning. Some uneasiness. About twenty ounces of dark colored urine drawn off with catheter. 8 o'clock, drew off about twenty ounces more of urine, with strong ammoniacal smell, followed by fainting. Rallied about 10 o'clock. Sent for Dr. Borland, who kindly consented to relieve in watching. Very little prospect of his surviving until morning.

9th.—Had slept a greater part of the time since 1 o'clock, feeling much refreshed. Raised a single sputum of blood. Condition decidedly improved. P.M.—Bright and cheerful. Voided urine twice; perfectly normal. Pulse 100, quite firm. One dejection. Bowels tympanitic; very full. Still pain in left side; extremely tender; has an indurated feel, and somewhat swollen. Relished a cup of tea. Extremities warm; skin natural. Slept quite nicely from 11 until 1 o'clock. At 1 o'clock a change noticed again in pulse, it becoming more frequent and unsteady; the patient, however, declared himself quite comfortable, but was restless the remainder of the night. 8, A.M.—Pulse 120, small. He still declared that he "felt quite like himself," and "had no especial discomfort, except his side." In fact, a beefsteak was brought, from which he extracted the juice with evident relish. Having a desire to defæcate, by his own request an enema was given, and immediately he sank, and died in about twenty minutes.

During the last week Dr. Cotting was his constant visitor and medical council, and Dr. Borland kindly relieved me, both by watching and by council.

The following account of the autopsy is by Dr. C. W. Swan, who made it.

Autopsy, 32 hours after death. Smell of decomposition in room where body lay, but no discoloration of body. But little rigor. Thick layer of fat in chest and abdominal walls; scarcely a proportional amount in abdominal cavity. Head—brain and membranes not remarkable. Heart—ventricles dilated; walls somewhat thinned; muscle pale, flabby, very friable, and under the microscope seen to be in an advanced stage of fatty degeneration. A small amount of dark fluid blood in the right side and connecting veins. More than the normal quantity of fat upon the external surface. Valves healthy. Lungs well, excepting moderate œdema, most marked in left upper and lower right lobes.

Abdomen.—Whole large intestine enormously distended with gases. Signs of

slight irritation of peritoneum here and there upon the intestines. Omentum swept upwards and outwards to the right so as to lie wholly above the colon.

The left kidney lay enveloped in the posterior portion of a solid sub-peritoneal mass of recently coagulated blood, which filled up nearly the whole of the concave space at the left of the spinal column, and measured upwards of ten inches in the long diameter, and would weigh by estimate after removal about five pounds.

A longitudinal section of the whole mass, made from front to back, showed first, a kidney, whose wedge-shaped extremities, as compared with the more rounded form of the right kidney, suggested the idea of its having been compressed; although this and other irregularities of form, it is said, may occur without compression. Next, the upper half of the capsule of the kidney very largely and evenly dilated by a thick layer of coagulum. Finally, the great mass of outside coagulum, including lost and upturned lower portion of capsule, streaked with the normal adipose tissue of the region and extending indefinitely in various directions, principally towards the groin and diaphragm. The kidney, like its fellow, was soft and of a pretty uniformly distributed pale yellowish color, of most extraordinary degree. The tubuli were in most instances filled with very fine fat grains, interspersed with debris of defunct cells. The capillary masses of the Malpighian bodies looked healthy. In the substance of the organ, and not communicating with the healthy-looking pelvis, were two remarkable spherical nodules, of the size of a filbert or larger. The lower was made up of concentric layers of decolorized fibrin. The upper was filled with recent black coagulum, excepting a single inter-layer of decolorized fibrin. Besides these, were several very much smaller irregular homogeneous deposits of decolorized fibrin in various parts of the substance of the organ and some small coagula. The upper large nodule lay near the surface of the kidney, and projected somewhat above it, and its cavity communicated with that of the dilated capsule by a roundish opening, less than one-eighth of an inch in diameter, loosely closed by a little fibrin. There seems hardly room to doubt that here was the true source of the hæmorrhage. There were traces of atheroma in the abdominal aorta, but the renal artery was healthy.

No hæmorrhage was observed in any other organ or part of the body. The intestines were opened only by accident, but the fecal matter escaping was clay-colored.

Liver full-sized and of fatty appearance. By microscope, many of its cells filled with single large globules of fat. The biliary system was not carefully examined. The small gall-bladder was not opened. Spleen of medium size and rather pulpy consistency.

Here we have a disease commencing in an insidious manner and progressing uninterruptedly to a fatal termination, attended by symptoms of scarcely sufficient weight to arouse the suspicions of the most observing. A peculiar susceptibility of the system to medicinal agents, cerebral symptoms obscure and of doubtful import, a strongly-sympathetic and impressible temperament, were among the elements to be considered and rightly estimated.

Then came on an attack of sore throat, of too little severity to occasion any anxiety in a person differently constituted. This was followed, on exposure to cold, by an attack of sub-acute rheumatism, in which there was an unusually small amount of swelling, redness and pain. And finally occurred an extraordinary and necessarily fatal lesion, whose true character could only be ascertained by autopsy.

TAYLOR ON DACTYLITIS SYPHILITICA.

(Concluded from page 397.)

WE now come to the second variety. In this form, the inflammatory action may begin between the periosteum and the bone, a specific periostitis; or may commence in the cancellous tissue around the medulla, an osteomyelitis. The product is gummy material, causing enlargement of the bones, often to a great extent, limited, however, to the phalanges involved, which may be any or all. Process slow or acute, and both may exist in the same patient. The integument becomes very much stretched by the pressure from within, tense, immovable, and devoid of articular furrows. Color varies from pink to red. Often temporarily tumefied and sensitive. No concomitant lesion of the nail, and as a rule no gummy deposit under the skin. Changes in the fingers probably the same as in tibia, which, in Volkman's case, showed a loosely attached periosteum, and between it and bone, a small cheesy mass. Microscope showed the external layers of the periosteum to be normal, and inside of this a layer of fusiform cells, which, further inward, became more numerous, smaller and rounder, and near the bone lost their cellular character and turned to fatty detritus. The cheesy mass, immediately on the bone, projected

by tubular prolongations into the Haversian canals, while upon the bone new periosteum was forming.

After the deposit of the gummy material, no inflammatory action is excited, but it slowly produces the death of the bone which it infiltrates, and is finally absorbed, leaving a loss of substance which is not again replaced, the whole process being unattended with suppuration. The swelling, when originally developed, is softer in the acute than in the chronic form, and this is probably due to the tissue, which is thus rapidly proliferated, being of a colloid character. This variety, of course, produces much deformity, and has a tendency to destructive change; whereas, in the chronic form the swelling is firmer and there is a tendency to remain indolent and infiltrate the bone, and finally be absorbed rather than to break down and to be eliminated. Berg's case proves that when the lesion begins as an osteo-myelitis, its course at the commencement may be quite rapid, so that very soon the finger becomes greatly enlarged. The swelling of the bone seems to have been perfectly smooth, and surrounded by a wall composed of compact tissue and periosteum. This latter fact lends weight to the view that the lesion was in reality developed deep in the cancellous tissue, and that coincidentally with the rapid proliferation of gummy material, the compact structure and periosteum gradually became expanded, so that they fully accommodated themselves to the very considerably increased pressure from within. McCready's case, whether it began as a periostitis or an osteomyelitis, brings out the important clinical fact that, even if an extensive gummy deposit is formed in bone, it may finally undergo fatty change, and be absorbed without softening and being thrown out, so that from all these cases we may infer that both conditions, absorption and breaking down, may obtain in this lesion.

The liquid formed by the degeneration of gummy tumors is a viscid, yellowish fluid, containing cheesy flocculi, but no pus. Microscopical examination shows amorphous granular matter, with, sometimes, a few connective-tissue cells, but never, in an un-irritated condition, pus-corpuscles. These latter may be found after the gummy ulcer or sinus has been exposed to the air, or has been treated by irritant applications, but never in the original process of softening. The color of the fluid varies from a yellow to a brown; its consistence is also variable, being thin when drawn from a joint and mixed with effusion, and thick and insipid

sated when formed by the degeneration of connective tissue or bone; and in the latter form it may contain minute bony granules. The fistulous openings show no tendency to enlarge nor to become thick, bluish, and everted at their orifice—a condition very frequently observed in the so-called strumous sinuses near joints—finally, spontaneous closure. But, in Volkman's case, one of the incisions ulcerated extensively and healed with a cicatrix, so both conditions may obtain. The fibrous structures of the joints may or may not participate in the morbid process. So the articular cartilage. The synovial membrane also may suffer from morbid changes. Richet* was the first to describe a thickening of the synovial membrane of the knee, which is accompanied by effusion of an intermittent character and a dull pain, not increased on motion, but worse at night. Lancereaux† confirmed Richet's observation by finding, after death, gummy material in the ligaments and beneath the synovial membrane, which lesion, during life, had been attended with the same symptoms.

The shafts of the bones may also be rendered light and fragile, or local or general eburnation may result. When phalanges are divided or the approximative ends of two bones are absorbed, a ligamentous band of connective tissue is formed, which unites them and serves as a joint. The absorption of a joint proves previous infiltration with gummy material. A finger with one of these false joints loses its power of grasping, and its function is much impaired. Even with very extensive shortening, the integument contracts, the redundant tissue disappears, and everything adapts itself to the decrease. This gives steadiness and solidity to the false joint. The skin is not much wrinkled, and it is remarkable that with such chronic and profound osseous and articular changes, there should be such a small amount, or an entire absence of pain.

The treatment is that of late syphilis, the use of iodide of potassium either alone or combined with a mercurial. The combination always answers best in cases where there is a co-existence of tegumentary lesions; but where these are strictly osseous and ligamentous, it is best to at least try first, the iodide of iron. When the parts are much distended, a minute incision may be useful.

In conclusion, we feel bound to add, that

* "De la tumeur blanche," Mémoires de l'Académie de Médecine, vol. 17, p. 249, 1853.

† Traité historique et pratique de la Syphilis, p. 251, Paris, 1866.

Dr. Taylor's admirable article is itself so concisely written that any abstract of it must needs be very imperfect, and we would refer all of our readers who are interested in the subject—and what true physician is not?—to the original paper, in the *American Journal of Syphilography and Dermatology* for January, 1871.

Reports of Medical Societies.

MASSACHUSETTS MEDICAL SOCIETY.

ANNUAL DINNER.

THE annual dinner of the Society took place at the Music Hall, at 2 o'clock on Wednesday, June 7th. Tables had been spread for 850 guests by Mr. J. B. Smith. Music was furnished by Gilmore's Band. The Rev. Henry Burroughs, Rector of Christ Church, the Chaplain of the day, invoked the Divine blessing.

After the repast, the audience was called to order by the Anniversary Chairman, Dr. Luther Parks, who addressed his professional brethren as follows:—

GENTLEMEN OF THE MASSACHUSETTS MEDICAL SOCIETY—Now that "Doctor Rip-un-Van Winkle-um"—according to the author of the *one boss chef d'œuvre*—enjoys his annual day of vigilance, and the centripetal force of this Society has wheeled its fellows (felloes) to the Hub, your spokesman will endeavor not to tire you. Though I am no jester, I will mention that in addition to the ingesta you have *jest* introduced to your digestive organs, we have in process of gestation a few "toasts" which you may send after the pure pochituate, or *whatever-you-ate*.

But first, a word! As in the mind's eye we see before us the once familiar but now departed forms which have adorned these occasions, does not our admiring and attached recollection for the time being avert the doom that "the places which knew them shall know them no more?" The lamented Gould—the man of science so profound, so widely known, and yet so unobtrusive; the wise councillor, the devoted friend—will time ever heal our bereavement? Will his place ever be filled?

Who of us when called to deal with that insidious foe which, serpent-like, steals away the breath of infancy, or with the demon that peoples the imagination with loathsome shapes—who of us but bears in mind the counsels of that Ulysses of the

profession—the late John Ware? “The celebrated observations of Ware” upon the latter disease (as they have been lately termed in a leading foreign quarterly), and his “non-perturbative” treatment of the former, are lessons which the world outside is but just now learning.

The name of Warren rises before us as identified with consummate surgical skill for more than half a century, and James Jackson is still with us in his precepts of practical wisdom.

From the honors due to these and other deceased leaders, the transition is easy to some of the general services rendered in this region to medical science. We may freely accord the merit of being the centre of medical literature in America, to what is thus aptly termed the city of *Penn.* We cannot shut our eyes to the fact that the law of gravitation has given to the great commercial metropolis of this country a cluster of diligent workers, and of brilliant observers, among whom a *noblesse emigrée* hails from this State. But we may claim that here, among ourselves, there have been especially cultivated those workings of *original thought* which have culminated in induction and medical philosophy. Here it is that the hidden mechanism of the coxo-femoral dislocation has been dragged to light, and the scientific treatment of that formidable lesion demonstrated, generalized in practical formulæ, and made the work of a few seconds. One of our official publications—that on the relations of soil-moisture to pulmonary consumption—is a monument of laborious observation, keen insight and bold induction. Here was originated the treatment of iritis without mercury. Morbid anatomy has here received impartial interpretation, and the faithful study of a life time. And at our State Hospital the successes of Bozeman and Sims were long anticipated by the elder Hayward, whose operative procedures have been brought to the perfection of art, by one who has laid bare the intricacies of dissection and resection. Finally, here was deduced and announced the law of self-limited diseases; and not in advance of us did Sir John Forbes proclaim the theory of nature and disease.

Opportunities and advantages for scientific pursuits have been apportioned in differing measure to different places. But discovery and invention seem to have been reserved by Providence for *appointment at large*, under conditions not of mere scholasticism, but of *stoutly* developed thought combined with determined endeavor. Thus,

some three centuries ago, Continental Europe was ablaze with that newly-awakened thought which was coined into the colossal efforts of the Reformation, intermingled as they were with the far-reaching struggles for political supremacy of Charles the Fifth. That same mental activity had just produced one of the most important of all inventions—the art of Printing; and was the source of those most scientific of all discoveries, one of which immortalized the *physician-astronomer* Copernicus, while the other *should* have given the name of Columbus to this western shore.

The torch of intellect quickly borne to the British isle, kindled there the illumination of the Elizabethan period, and aroused that long hand-to-hand contest between freedom and absolutism which lent athletic development to the muscles of the human will. It was then that Lord Bacon laid broad the foundations of later discoveries and inventions. These in the deliberate but persistent operation characteristic of the British temperament have indeed been comparatively slow of accomplishment, so that we have to look to the latter half of the last century for the triumphs of Arkwright and Watt. But, as for England, may we not say that our profession took a prominent part in their inauguration through the discovery of the circulation by Harvey; and that they attained their zenith with Jenner's discovery at once and invention of vaccination.

These, too, were the days of lofty thought and mighty energy for the Netherlands, when, with the same spade with which she waged successful war against the ocean, she taught the military engineer to dig his way to the beleaguered fortress in his inexorable parallels; when she invented the telescope and the microscope; when above all she discovered religious toleration and a free Commonwealth.

It may suffice to call to mind in passing that the sun-paintings of Daguerre and the acoustic pictures of Laennec mark the golden period of France, when its intellectual activity had ceased to be absorbed by the wars of the first Empire, and had not been frittered away in the degeneracy of the second.

The Anglo-Saxon brain, transplanted to this country and quickened into more intense activity, has fairly strewn the land with discoveries and inventions from the time when our modern Prometheus stole the fire of heaven, down to him who tamed the thunderbolt to be the docile messenger of mankind, or him who taught the needle to

ape the lightning in its flight. Alas! gentlemen, that we should be called upon to reassert that the most beneficent medical invention and revelation since "the primeval days of Paradise" was given to the world in this city of our annual gathering, and within a stone's throw of this very spot! When, indeed, foreign plagiarism would have robbed us of this our heritage, there was not wanting a venerable and classic pen to annihilate the piratical sophistry; and yet, to this moment, the Old World repeats its base treachery and clings to its stolen but bedraggled plumes.

We have said that the results of which we have been speaking are contingent upon a special mental vigor. A frightful experiment, which would have dazed a sluggish intellect, was the spark to fire the electric brain with the stupendous thought which, Minerva-like, leaped forth in full panoply as Surgical Anæsthesia. The discovery had its birth-place here because the New England mind, of iron mould at the outset, has in its struggles to conquer the material difficulties of its situation acquired the edge at once and the temper of steel; smiting with cunning blows our granite rocks until they have opened to pour forth golden streams, and compelling stores of locked-up wealth from the wintry coverings of our crystal lakes. We have claimed for this Society, and this region, eminence in scientific innovation, generalization and discovery.

X
We may conclude our little homily with this "improvement":—Consider your powers! Consider your responsibilities! Press forward in a spirit of generous emulation, laying aside all prejudices of town and country, in anticipation of the time when Massachusetts, from the waters of the Atlantic to the hills of Berkshire, shall be one network of cities with intervening suburbs.

Dr. Parks then read the following as the first regular toast:—

The Massachusetts Medical Society—A year ago, gentlemen, we selected our presiding officer from the noble old town of Northampton, which has given many able men to the professions and to public life. The reputation of Northampton has been ably sustained by him whose office it is now to address you.

Dr. Samuel A. Fisk, President of the Society, responded as follows:—

GENTLEMEN,—The Chairman has alluded, in a very complimentary manner, to the beautiful town in which I reside; and I hope that I shall not be thought to regard it with undue partiality if I say it is worthy of his high compliment. Situated in a luxuriant valley, surrounded by picturesque mountains and hills, with its broad meadows

and its fertile plains, it is a spot almost unequalled for its picturesque characteristics. Its citizens, Mr. Chairman, are justly proud of its beauty and of its history; for, associated with it are many renowned in the more honorable walks of life. Especially proud are they of the general high culture of its people, and of its educational interests; but, above all, are they proud of the charitable institutions established within its borders and most liberally endowed by private munificence. All its arts make for peace; the influence of these is seen in their effects upon the active, busy, yet harmonious people. It is illustrated, too, in the harmonious character of the medical profession of the town and neighborhood. I doubt whether there exists in the State an active, wide-awake medical society in which more of harmony prevails than in the Hampshire District Medical Society.

We must acknowledge—though we do it with mortification—that the medical profession is proverbial for its discords and disagreements. It is much to be regretted, Sir, that there is such a want of harmony in our profession; for I conceive that in consequence of it not only is the progress of medical science retarded, but quackery, in its various forms, has obtained its foothold in the community. For this we are to a great degree responsible; inasmuch as the jealousies and animosities existing amongst us have served to undermine the confidence of the public in the science of medicine to a considerable degree.

Here, let me be understood when I speak of *harmony*; by it I do not mean that unity which results from following blindly a file-leader, nor that resulting from quietly acquiescing in some theory. Nor do I mean a harmony which results from indifference and inaction; *that* is the harmony of *death*. There is harmony, Mr. Chairman, in the grave-yard, but there is neither prosperity nor progress there. It is necessary, if we would produce fire and light and warmth, that the flint and the steel should come together. And, if they do come together for the purpose of producing light and heat, no matter how vigorous the action, the result will be beneficial; but, if they come together for mutual destruction, the result can be nothing less than pernicious. In view of these and similar considerations, I do lament that latterly so much of discord has prevailed in the Massachusetts Medical Society. For, whatever may have been its failures; whatever may have been its shortcomings; whatever may have been its omissions, it has, nevertheless, done as

much to maintain the dignity and honor of the medical profession; it has done as much to advance medical science and promote its interests; it has done as much to raise the standard of medical education as any State society within these United States. This, I say, Sir, without the fear of being successfully challenged on this point; and its Fellows are gentlemen of as much culture in things pertaining to the profession and things outside of it, as are those of any State society in the Union.

I hope and I believe, Mr. Chairman, that to-day we enter upon a new era in the history of this Society—an era of good feeling and of good fellowship. The unanimity with which a series of resolutions was passed by the Councillors last evening—looking to the purification of this Society from every taint of quackery, from whatever source it may come—and the enthusiasm with which these resolutions were concurred in by the Fellows to-day, make me not only hope, but believe, that the harmony which for so long a time distinguished this Society will return to it; and that its annual meetings hereafter will not be characterized by wranglings and angry disputes; but that they will be, what they were designed to be, occasions when those of us who come up here from distant parts of the State, to meet our brethren of this city and neighborhood, may enjoy a day devoted to scientific and social purposes.

The second toast was then read:—

The Commonwealth of Massachusetts—His Excellency the Governor fully appreciates that this Society, like a certain other institution of the State, is both "Ancient and Honorable."

Governor Claflin briefly responded, thanking the Society for the privilege of being present, and expressing his gratification at the great advances which have been made in medical science.

The third toast was:—

Old Harvard—We owe an incalculable debt to that alma mater whose bachelors of art are wellgrounded in branches of knowledge which form a broad foundation for the study of our profession; whose doctors in medicine have earned a large share of the honor belonging to merit, and whose professorial appointments in our department are a materia medica culled with a care that leaves nothing to be desired. And now that progressive examinations have been ordained, graduation by successive gradations—with qualification in all the departments, the University at Cambridge has thrown her Medical College far in advance of any other like institution in the land.

President Eliot, of Harvard University, in response, made the following remarks:—

I thank you, Mr. Chairman, in the name of the University, for your cordial words, and you, gentlemen, for this hearty salutation. Your warm greeting means more

and is more welcome than usual at this moment; for, as your Chairman has said, the University has lately taken a great step as regards medical education and stands in special need of the approbation and support of the medical profession. The University counts securely on that support, knowing that the true physician stands always ready to grasp any new weapon wherewith to fight old evils or new. Precedent does not hold the place in medicine which it holds in law. Physicians are necessarily innovators by temperament and practice. As Lord Bacon says: "Every medicine is an innovation." Again, the very existence of this ancient Society is a pledge of the support of the profession in every wise attempt to raise the standard of medical education.

This Society exists mainly to guard the profession on the one hand, and the community on the other, against ignorance and imposture. The medical profession is to be congratulated that it has enjoyed these many years the best and most lasting guarantee which has been devised in this country for the protection of a liberal profession. The bar has tried to defend itself against incompetency and dishonor by legislative enactments and rules of courts concerning admission. These means have failed in conspicuous cases, and are yearly becoming less and less efficacious. The bar is consequently just beginning to protect itself by the very means which the medical profession has used so long—namely, by private incorporated associations. Now the basis of all such associations is education; from their very nature and purpose they will always hail with gladness every effort to make professional training more thorough, and to plant deeper in the minds of aspirants to a liberal profession the principles of honor, catholicity and humanity.

You will indulge me, therefore, gentlemen, if I steal a few moments from these festive hours to set before you the grave change which has taken place in the Medical School of the University.

In the first place, the instruction will hereafter be given by lectures, recitations, clinical teaching and practical exercises uniformly distributed throughout the academic year. This year begins on the Thursday following the last Wednesday in September, and ends on the last Wednesday in June. Secondly, the course of instruction will fill three years, beginning with the fundamental subjects of anatomy, physiology and chemistry in the first year, and carrying the student progressively and systematically from one subject to another, until, at

the end of his third year, and not till then, he will have studied all the recognized subjects of a good medical education. Thirdly, in the important subject of anatomy, physiology, chemistry and pathological anatomy, laboratory work will be substituted for, or added to, the usual didactic.

Every student will have his place and time in the anatomical, physiological and chemical laboratories, and in the microscope room; and he will be made to feel that such work is even more necessary for him than attendance at lectures and recitations, and is quite as much required of him as such attendance. In this connection, I am rejoiced to tell you that the corporation has just received a most timely gift of \$5000 from the estate of the late Dr. George Woodbury Swett, himself an ardent student of physiology, for the purpose of providing a suitable laboratory of physiology at the Medical College. Acute, searching observation is the first faculty for a physician. There is more training of the powers of observation in a month's work in the laboratory or the hospital than in years of hearing lectures or attending recitations. Lastly, every candidate for the degree of Doctor of Medicine must hereafter pass a satisfactory examination in every one of the main subjects of medical instruction, and these examinations are to be, in part at least, by questions and answers upon paper, so that the governing boards of the University and the profession at large may hereafter know just what the standard for the doctor's degree really is.

These, gentlemen, are great changes in medical education. They amount, indeed, to a revolution. It is unnecessary for me to contrast the new scheme with the old. You remember the winter's surfeit of lectures for the mass of students, the summer's surfeit of recitations for the better third of the whole school, the lack of opportunities for laboratory work, the lack of due order and progression in the arrangement of studies, the brief attendance at hospitals, the hasty, oral, private examination for the degree.

And now to whom does the University and the profession owe these important improvements? To the Faculty of the Medical School as an organized body. The faculty adopted these changes, after full discussion, by unanimous consent, foreseeing all the difficulties of such a revolution, risking their scanty pay, enlarging and strengthening their body by the admission of young and enthusiastic teachers, while retaining the older and more experienced,

and cutting loose from long-established connections with the other medical schools of the country.

They have been encouraged to this act by the belief that in the long run the best course of instruction will command the most public favor, by the knowledge that the new scheme is not only better for those students who have money enough, but also more advantageous and less costly than the old for those whose means are slender, by the conviction that it presents no serious obstacle whatever to those who do not neglect their opportunities; and lastly, by their confidence in the support of the profession which has longed for, and indeed loudly demanded, some change in the established system of medical education.

Ultimately, therefore, gentlemen, the responsibility is with you. Professional education can never be much in advance of the general sentiment of the profession. Give the University the encouragement of your sympathy, the moral strength of your approbation and the benefit of your advice to young men and their parents, and the experiment upon which the Medical School will enter next September will soon prove a conspicuous success. We hope to be found worthy to ennoble the whole family of medical schools in this country.

The fourth toast was :—

The Orator of the Day—The discourse he has just delivered is an evidence of his recovery from recent indisposition. At the same time he is never more happy than when we have him on "the hip."

Dr. Henry J. Bigelow responded briefly, and closed by offering the following sentiment :—

Harvard University and the Massachusetts Medical Society—Laborers in maintaining a true medical standard, may they lend each other in the future, as in the past, a just and cordial confidence and co-operation.

Fifth regular toast :—

The Clergy—From the spire of Christ Church—the oldest place of worship in Boston—Sexton Newman held the signal lamps which sped Paul Revere on his midnight ride; and thence the first chime of bells that ever sounded in this country, now as of yore ring out the good news of Christmas and the holy tidings of Easter.

The Rev. Henry Burroughs replied as follows :—

The venerable sanctuary to which, Mr. Chairman, you have so kindly and pleasantly alluded is almost one hundred and fifty years old, and is not only the oldest edifice used for religious worship, but also, with the single exception, I believe, of the old State House, the oldest public building in this city, and it is one of the few remaining monuments that commemorate the period of our Colonial history. It may be interesting to our friends and visitors to listen to

those melodious chimes that you have mentioned, and see the books and silver given by George the Second and bearing the impress of the Royal Arms, and the antique chandeliers and figures of Angels taken from a French vessel in the last century by loyal subjects of the King of England.

The old North Church stands upon Copp's Hill in full view of the Charlestown shore, and it was for that reason that its steeple was selected as the most suitable place for the display of that signal which informed Paul Revere of the movements of the British army. I have received the narrative of the events of that evening which preceded the first battle of the Revolution from Mr. Newman's son. He told me that his father, Mr. Robert Newman, then sexton of Christ Church, was closely watched by the British officers who were quartered in his house on Salem Street. He contrived, however, to elude their vigilance, and met a friend, a sea captain, who had ascertained the enemy's plans. He then entered the church, locked the doors after him, climbed up the steep stairs, precisely as the poet Longfellow described it all, "frightened the pigeons from their perch"—as a visitor, to-day, will disturb their descendants who dwell in the old tower, and mingle their soft music with the notes of praise ascending from the congregation below—and suspended those two lanterns which not only sent Paul Revere on his way to Lexington and Concord with the tidings that the British were close at hand, but also symbolized the emancipation of the American people from a foreign power—the establishment of liberty and independence.

Mr. Newman, after he had discharged his duty, returned through the church, jumped out of a back window, and went round through Unity and Bennet streets to his home. He was arrested and thrown into prison, but nothing could be proved against him. This courageous man, who risked his life for his country and from Christ Church steeple sent forth those twin rays of light and hope in that darkest hour of the history of this nation, deserves a place among the heroes of the Revolutionary War.

It is with unmingled pleasure, gentlemen, that the clergy welcome to Boston the Members of the Massachusetts Medical Society. We greet you as fellow-workers and as disciples of the same Master, the great physician who came to heal the diseases of our bodies and of our souls. We honor your self-sacrificing labors, while you walk in His footsteps and go about doing

good. We thank you for the light thrown upon the meaning of the Scriptures by the experiments and observations of scientific inquirers. While we accept all well-ascertained facts we are not alarmed by a startling theory or a dazzling hypothesis. We cannot agree with those who assume that matter and force are self-existent, that thought is the result of physical organization or that life is a property of matter and not the gift of the Creator. We are content to wait for the results of the fullest investigations, in the confident expectation that they will be found to agree with the Bible correctly understood. However far back the geologist may carry the first foundation of all things, he has never yet made a discovery at variance with the simple and sublime truth that "In the beginning God created the heavens and the earth." The history of those vast periods that our imagination cannot grasp is the record of the development of the plans of One who saw the end from the beginning. An invariable law denotes the presence and the power of that wisdom which need not change. Knowledge comes to us through two great channels, the Bible and the created universe. Theology and science are seeking the same end. Let us help one another to combat error and to vindicate the truth.

The sixth toast was:—

The Professor of Obstetrics in Harvard University—One of our ablest practitioners, devoted body and soul to the welfare of his patients—he has risen to eminence by his own unaided efforts. Posterity will owe him a heavy debt, for by his labors the ranks of "Young America" are daily (or rather nightly) recruited.

Response by Dr. Charles E. Buckingham, who, in closing, offered as a sentiment—"The young men of to-day who may attend these meetings fifty years hence."

Seventh regular toast:—

The State Board of Health—Truly a Massachusetts institution in its origin, its composition and its work. Its sanitary reports are of a substantial value, difficult to overestimate.

The response was by Dr. George Derby, Secretary of the Board, who spoke as follows:—

It gives me great pleasure to thank you in behalf of my colleagues of the State Board of Health for your words of approval of our work. I am glad also to be able to assure you that the Board of Health is itself in excellent condition. It has passed the period of infancy—got well over its second summer, so perilous to the infant constitution, and in spite of the impression of a good many worthy people, including a few politicians, that the child was not worth raising and had better die young and go to

heaven or elsewhere, it still lives, and never before enjoyed so fair a prospect of a long and useful and happy life. And I also wish to say confidentially in this company that it owes its life, and now and always must look for its strength and usefulness, to the medical profession throughout the State. Their earnest support has been given it, in so far as I am aware, in all quarters. I can only promise in return that it will try to deserve this favor in the future. The modern world both in America and Europe is wide awake to learn all that may be known concerning the causes of preventible disease. We cannot help this if we would, and would not if we could. Everybody who reads and thinks knows more or less of the writings of Huxley and Tyndall and Darwin and the new lights of physical science. Everybody is interested in the relations of the ideas of these men to disease. The germ theory is popular and is passing into the ordinary forms of speech. The medical profession must either direct this tendency and lead it into useful channels, or it will be taken up by quacks, charlatans and sensationalists. It belongs to our profession by reason of our scientific training, and our familiarity with the human body and its functions in health and disease. To interpret these advances of science and to put them in such form that all may use them for the prolongation of life is one of the privileges of the physician and is surely the special duty of a State Board of Health. And here I think will be found in the future its strength and its success as an advisory board like that of education. The present legislature has given us other work to do of an executive character, and this, although not in the original plan of the duties of the board, will be executed to the letter. Let me again say that to the medical profession throughout the State we specially look for the means of making our board successful in the future; and I would also urge upon the members of our society that they coöperate with us by taking a leading part in shaping the action of the health boards of the various cities and towns of their residence, and in keeping them up to their work. Massachusetts may lead the way in this as in so many other useful things. The people are ready to listen, if our brethren will become the teachers and preachers of the gospel of hygienic righteousness.

Eighth regular toast:—

A new "Bridgewater Treatise" Expected!—The seed of the Millet is a familiar term of comparison in pathology. That is the only morbid resemblance which can be connected with the gentleman of that name who is present to-day. We trust it will not go against the grain of Dr. Millet, of Bridgewater, to open "ses-ame" on this occasion.

Dr. Millet, in response, in a humorous way, described the methods of practice fifty years ago, and spoke encouragingly of the work of the society.

The ninth toast was:—

The American Hippocrates—The medical profession has exhausted all its honors upon Dr. Jacob Bigelow, and yet remains his debtor.

In response a letter was read from Dr. Bigelow, in which he expressed his regret that he

was unable to be present, and gave assurances of respect and regard for "the time-honored society."

Tenth regular toast:—

The Middlesex South District Medical Society—Active in the interests of medical science and of the profession. One of its members has ably written upon "The Abuse of the Alimentary Canal." Of course no malicious insinuation can be intended her, when we doctors call upon the author in person.

¶ Dr. Alfred Hosmer, of Watertown, responded. His remarks were relative to the advance of medical science in certain directions.

The above concluded the regular toasts and responses. A brief address was made by Dr. J. C. Hutchins, a delegate from the Medical Society of New York, after which was read:—

"Stray Leaves from the Life and Meditations of the late Rip Van Winkle, Jr., M.D., a Doctor of the Old School."

By his Friend, T. N. STONE, MD.,
of Wellfleet.

Deepse not thou in thy pride that which lifteth thee,
Lest after thy loud boasting thou be found but as
The Old Man of the Sea, on the broad shoulders of another.
After Tupper.

Good Doctor Winkle, in a country town,
Maintained a firm, well-earned renown,
Through many a passing year;
He was, in truth, no uncouth boor,
Who never knocked at science' door;
His mind and eye were clear.

The sick well knew his cheerful face,
Which came to them with angel grace,
In hours of grievous need.
He knew the power of gladsome smile,
That cheering words oft pains beguile;
But he could purge and bleed.

True, Winkle was no parlor knight,
With glossy curls and kid gloves tight,
Fit for a lady's page;
For storm and toil had done their share,
To plough his brow and blanch his hair
Before the snows of age.

Not polished after Paris style
Was Winkle's hat, his bow and smile;
Nor well might he essay,
Like Meigs, with Helen Blanche to prattle
Of Endangium and tittle tattle
With very soft Frangais.

Nor would he think to get your cash
By publishing such soft-breathed trash
To lass on lounge of crewel;
For sometime when he sirlotn sought,
He found that he a book had bought
Made up of wordy gruel.

He toiled alone—a man of thought
By hard experience sternly taught—
His was a life of care;
By disappointments well he knew,
How worthless oft the wordy crew
That science' trumpets blare.

He'd felt the smart of sore defeat,
When called man's sternest foe to meet,
With weapons often foiled;
Still in his hard, but chosen field,
Though often scant the harvest yield,
Winkle in patience tolled.

He could not, like his city brother,
Throw his hard cases on another
Renowned by special fame;

And cover up his want of sense,
His bungling, or his ignorance,
By some professor's name.

Doctor and druggist both was he,
A double service, single fee,
And that too often small;
Surgeon by day, midwife at night,
Small time was there for "mould" to blight
Between the frequent call.

Still Winkle read, and while his steed
Jogged weary on, with gentle speed,
He conned discoveries o'er.
Sometimes, by visiting the Hub,
He gave his cranium a rub
Against old Harvard's door.

Where one professor crams the skull
Of student bright, and student dull,
With a hecatomb of drugs;
Another, but for Parker's dishes,
Would vote all medicine to the fishes
As the commonest of bugs.

He walked the round of the hospital,
Attended the boasted clinical:
On a bed beside the wall
A patient lay, so the professor said;
And so on a card above his head
"Twas read by Winkle tall.

Professor, grave, low bows his ear:
"Creptant rale—pneumonia clear"—
Six students heard and wondered—
"Treatment expectant," that was all;
While loud through wardroom and through hall
Tramped students *three hundred*.

Of a Doctor, who with fingers taper
Wrote recipes on satin paper,
Winkle asked—mayhap too rough—
The color of a drug; with angry eye
And mustache scornful curled, he made reply,
"I never saw the stuff."

Winkle walked the Common, broad and fair,
Saw the fountain play, the deer and bear,
Looked from the State House dome,
Heard the big organ; then, without a tear,
Left the dinner, paid for many a year,
And turned him to his home.

But as the cars bore him away
To a calmer sky, to a clearer day,
With brain somewhat confused
By the constant din, the old hubbub
Of this, the world's great central hub,
Winkle thus, muttering, mused:—

"I'm puzzled," mused Winkle, "with this new-fangled science,

That bids our old faith such scornful defiance;
That laughs at old notions, *because they are old*,
And hails each new shimmer as the glister of gold.
This proud science boasts it has bridged the old chasm
'Twixt nothing and man by a grand protoplasm;
Has given Father Adam his last *coup de grace*,
And put a baboon in his once-honored place.
So one who now boasts an old pedigree,
And for proof searches well his ancestral tree,
If he miss the old halter, will, sure, never fail
From some low bough dependant to find a long tail.
Though the sage suggestion of Aaron to Moses,
As useless encumbrance to cut off their noses,
Ne'er fired his meek brother with mad'ning passion,
For Moses replied, it's not yet the fashion:
Yet from Darwin we learn, in a pre-Adamite nation,
Some Bigelow or Cheever, in a learned consultation,
Persuaded their tribe to a tall amputation;
But for this, at our dinners, each citizen pale,
Who now twirls his cane would be twirling his tail;
And we country doctors, unbarbered and rough,
Would look like the devil, excepting the hough.
What pity that Darwin to an action so great,
So pregnant with freedom, can't fix the exact date,

And man universal keep sacred the day
When he leaped from the bough and his tail tore away.
Adam thus removed, and with him his sin,
An ape filling the door where the negro came in,
The next step in progress, as backward we plod,
Is to hurl from his throne, the old idol, God.

If Huxley is honest, it almost seems true
He has found the life-stuff from which we all grew;
But this great discovery seems still in the rough,
Since not yet can they find how to grow the life-stuff.
Poor Huxley, lie down! like a molecule die!
The great truth will dawn on the world bye and bye.
True science will show, when you're under the sod,
Behind the life-stuff its maker, called God.
But philosophy, now, seems content with the notion
That nature's a sort of perpetual motion,
Which once happening to start, with the grade down
hill,

Like a man with three glasses, keeps on running still.
If Adam's removed, and Creator there's not,
If thought's but the steam of the brain getting hot,
This statement is left for proud man and his fame
(*As nihil plus nihil* remains still the same),
To nothing we go, as from nothing we came.
I bend with due reverence to genius high and bright,
As the Parsee, at the dawning, bows to the source of
light,

Save when in reckless wassail, from vessels once divine,
Her Maker proudly scorning, she quaffs the mad'ning
wine,
Then mid her boastful feastings, within her royal hall,
I see an angel's finger write *Tekel* on the wall.

Great progress, they say, in medicine is made,
And I study with care what belongs to the trade;
Learned professors skilled in prognosis
Laugh at old Doctors, their huge mammoth doses;
From Hahnemann's pellets, be they ever so small,
They've reduced the fine thing to nothing at all.
Long hours I once sat in old Mason Street,
List'ning to Bigelow, on a hard-cushioned seat,
But now he's found out all he taught us was wrong,
His dried herbs and lectures not worth a song.
One question I'd ask, if converted he be,
Zaccheus like, does he pay back the fee?
If thrice seems too much to relieve any doubt,
We take the fee simple—leaving interest out.
To the Autocrat's wit we all bow the knee,
Save when he sends forth some mocking decree,
Which holds up to scorn our own loved profession,
And gives to the quacks our ancient possession.
Then we feel our democracy stirring within,
A spirit of freedom, which monarchs call sin.
If mould's on our brain, and hay-seed in hair,
Beneath all, we still feel the seeds of thought there;
We cling to the old, while we weigh well the new,
For a thought may be hoary and yet may be true.
Though meteors blaze with new, dazzling light,
The stars are still old on the brow of the night.
Hahnemann once boasted he'd found the long lever
With which to upset our old creed forever;
But he, like another, found it hard to command,
On infinite pellets, a place where to stand.
Æsop has told us with what groanings and fuss
The mountain brought forth a *ridiculous mus*;
But the sun never tells, when he ushers the morn,
In the silence of night, a new planet was born.
Men are like loons 'long our rough, stormy coast—
When the fog is densest then they cry the most;
But let the fog lift, and in clearer day
They quick both pursue their onward way.
There once was a time—she's now more profound—
When Harvard's trumpets gave a certain sound;
Now strangely blended, their silver notes meet—
While one sounds a charge, another a retreat.
I read Counter-Currents and shouted for joy;
Now here's true wisdom without any alloy:
A doctor's life will now be careless as song,
With one road to travel he cannot go wrong.
No longer he'll sweat or purge patient or bleed,
For our grand specific supplies every need;
'Tis a poppy leaf shure in a dirap o' the Cruther,
And all of the rest we may trust to Dame Nator.
This doctrine, too, is of kind nature born,
Who plants her poppies mid her waving corn.

Then I searched through the fields of glowing maize,
To find a spot with red poppies ablaze,
But searched in vain, for no poppy had there
Flung out its red flag on the bright sunny air.
But a thousand pumpkins, in the summer old,
Basked in the warm sun their broad backs of gold.
When I had searched each cornfield through and through,
I sat on the fence and low muttered a *whew*!
If kind nature here means to supply human need,
The great secret must be in pumpkin seed.
I once had occasion to counsel a mother,
Whose infant's emunctories were all of a bother;
As she clasped her infant with sorrow profound,
Whose breath came and went with fearful sound,
To soothe the old soul and to quiet her brain,
A learned professor I quoted—in vain—
Who, striving to prove Nature's healing sublime,
Bids us trust in all cases her power, and time.
But she, the strong minded, vowed her babe shouldn't
die,

So she down with a dose of chamber lye;
Back quick it came with a large supper of beans,
And the child was soon cured by rather strong means,
While I in silence my chagrin endured
Of seeing the child by a she doctor cured,
Who vowed the whole college was a mere humbug,
She had rather trust to a thunder jug.
If medicine is a hum, for one I would thank
Those who turn out M.D.'s—to tie up the crank,
Not send them by thousands through the country to
spread,

Where we now stir as thick as six in a bed.
And I thought to-day, as I wended the street,
Here the hubites are cured—but where do they eat?
Two M.D.'s at the corner, six in the square,
Three wait on the ground floor, and four up the stair;
Here is a surgeon, and there a midwife,
This vows electricity will lengthen your life,
And that is a special well known to your wife;
One with a bolus, and one with a pill,
One with a pellet—but all with a bill.
So he who reads signs will see very plain,
In the city the poppies are thicker than grain.
If medicine is a humbug then let us give way
To woman, our nurse—her mild gentle sway.
For the first medical school was a female college,
And Eve the first scholar—neath the tree of knowledge.
And who the Professor? In this presence don't ask;
One thing is certain, he finished his task,
And Eve first on earth was dubbed an M.D.,
And tried on old Adam her first recipe;
Though the dose she then gave was a strong one, I trow,
For it works in the veins of his children till now.
So let woman combine the doctor and nurse,
Like poppies in corn, the *cure* and the *curse*.
We'll leave male Doctors—their treatment's so cruel—
For woman's sweet kiss and—a bowlful of gruel."

Here Winkle ends. I have only to add
Winkle's sad fate made our village long sad;
We miss the old Doctor, the kind, cheerful grace
That seemed ever circling his well-furrowed face.
Though large were his doses and bitter his pill,
Spite of sugary nothings we've faith in them still.
Let those who now laugh at the dose or the man,
Show some miracles wrought on the do-nothing plan;
And if 'tis decreed by a doctor I fall,
Then away with your small shot and give me a ball.
But let me here add, to save students a race,
Six young M.D.'s fill Winkle's old place,
With a speculum each and a neat pocket case,
To give of such, alb. the last preparation
And to squint at the homes of the next generation.
This rude verse is graved on the neat white stone
That bears the M.D. now Winkle has gone:

Here lies our last Winkle—
Shall we e'er see another?
Like good Abel he fell
By the hand of a brother.

"Home, Sweet Home," was then played by
the orchestra, and at about a quarter past five
o'clock the company broke up.

RHODE ISLAND MEDICAL SOCIETY.

THE sixtieth annual meeting of the Rhode
Island Medical Society was held in the Franklin
Society Rooms, Providence, June 14th, at 10
o'clock. Dr. George L. Collins presided and
called the meeting to order.

Dr. T. K. Newhall, Treasurer, read his an-
nual report. Received and placed on file.

The Board appointed Dr. L. F. C. Garvin,
orator for the next annual meeting, and Dr. C.
T. Gardner, substitute.

Drs. Caswell, Peckham and Collins, delegates
respectively to the Massachusetts and Connecti-
cut Societies and to the American Medical As-
sociation, presented their reports.

Dr. J. R. Ham, of Dover, N. H., Dr. Samuel
Hart, of Brooklyn, N. Y., Dr. C. E. Bucking-
ham and Dr. H. W. Williams, of Boston, and Dr.
T. H. Gage, of Worcester, Mass., appeared as
representatives of their respective Societies.

Dr. S. A. Arnold, Secretary of the Trustees
of the Fiske fund, read the annual report of the
trustees. Received and placed on file.

The trustees have made no awards for pre-
miums on the subjects proposed by them in 1870.

The following subjects are proposed for the
year 1871:—

1st. Hydrate of Chloral: Its Physiological
Effects and Therapeutic Uses.

For the best essay on this subject the trust-
ees will pay the premium of \$100.

2d. Cundurango: Its History and Medical
Properties.

For the best essay on this subject the trustees
will pay the premium of \$200.

For the ensuing year, the following named
officers were elected:

President—Dr. George L. Collins, Provi-
dence.

First Vice-President—Dr. Lloyd Morton,
Pawtucket.

Second Vice-President—Dr. F. H. Peckham,
Providence.

Recording Secretary—Dr. C. T. Gardner,
Providence.

Corresponding Secretary—Dr. C. W. Parsons,
Providence.

Treasurer—Dr. T. K. Newhall, Providence.

Board of Censors—Drs. David King, New-
port; J. H. Eldridge, East Greenwich; A.
Ballou, Woonsocket; C. W. Fabyan, Provi-
dence; S. Clapp, Pawtucket; O. Bullock, War-
ren; C. W. Parsons, Providence; J. W. C. Ely,
Providence.

Registration Committee—Drs. E. M. Snow,
E. T. Caswell, Providence; S. Clapp, Paw-
tucket; J. H. Eldridge, East Greenwich; D.
King, Newport.

Publication Committee—Drs. L. F. C. Gar-
vin, W. O. Brown, H. G. Miller, C. T. Gardner.

Audit Committee—Drs. Parsons and Fabyan.

Dinner Committee—Drs. Ely and Newhall.

Dr. Wiggins, for the special Committee on the
best means of restraining Quackery, made a
brief verbal report, asking for an extension of
time, which was granted.

Drs. Dunn, of Newport, and Church, of
Wickford, are the only members of the Society
who have died during the past year, whose

names are recorded, and the president directed that obituary notices should be prepared to be read at the semi-annual meeting.

Dr. C. H. Leonard, of Providence, orator of the occasion, then read a paper on the subject of "Medical Charities or Medical Poor Relief, at home and abroad, in ancient and in modern times."

Dr. Leonard considered the physician as a philanthropist and benefactor of his fellow-man, in administering relief for suffering humanity for charity, and laboring for the good of men without the hope or incentive of pecuniary reward. He traced back the history of hospitals and dispensaries and other medical charities to the earliest times, and showed that the profession had always occupied a front rank in doing good. He gave an account of the better organization and more efficient labors of modern medical relief systems, and closed with the expression of the hope that the physician will take for his model Him who, when on earth, went about doing good to the poor. The address was received with applause, and on motion of Dr. Caswell the thanks of the Society were presented for his valuable and instructive paper.

At the close of Dr. Leonard's essay, the Society adjourned to partake of the annual dinner. At the close of the repast, numerous toasts were offered, which were responded to by members of the Society and their guests.

THE MAINE MEDICAL ASSOCIATION.

THE session of the Maine Medical Association was largely attended. Dr. Sanger presented the transactions of the New York Medical Association, with accompanying letter from Dr. Hart, to whom the thanks of the Association were tendered. On motion it was voted that the business committee canvass the members and see who will write papers for the next meeting. Dr. French presented reported cases of metropéritonitis and dermoid tumor. Dr. Leary presented the certificates of Dr. Haley, a delegate from New Hampshire. Dr. Parker, of Farmington, N. H., a delegate from the same Society, was introduced. Dr. Loughton exhibited a speculum, an improvement of Cuzco's. Dr. Sanger read a paper on the radical treatment of malignant growths, which was referred. Dr. Tewksbury presented a case of ankylosis of the knee joint, with excurvature of limb. Dr. Hill reported a case of popliteal aneurism, cured by direct pressure, and discussion followed upon the subject by Drs. Garcelon, Whitmore, Seavey and Brown. Dr. Foster's paper on psychology was referred without reading. Dr. Bricket reported cases of ovariectomy, and discussion followed by Drs. Sanger, Seavey, Kimball and others.

It was voted to request the directors of the Maine General Hospital to appoint several members of this Society to canvass the State for subscriptions to the hospital. The committee of one from each county appointed last year to solicit subscriptions were continued. Dr. S. H. Tewksbury, of Portland, reported a case of

vesico-vaginal lithotomy in a child seven years of age.

In the evening, Prof. Edward S. Morse, of Salem, delivered a very interesting and scientific lecture upon embryology, showing the growth of animal, bird and piscatory life. It was finely illustrated with diagrams.

Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 22, 1871.

WE resign our editorial space with considerable reluctance, as there are several topics on which we wish to speak; but our duty to contributors and others compels us to adopt this course. We beg the indulgence for a short time of our brethren who have sent us communications for insertion, and of publishers, whose books have long waited our official notice.

WITH the May number, the *American Journal of Obstetrics* entered its fourth volume. It is the best exponent of obstetrics and the diseases of women and children in the language. The journal is now under the charge of Dr. B. F. Dawson, physician for children at the New York Dispensary, to the New York Dispensary for sick children, and to the hospital for women. Drs. Noeggerath and Jacobi are associate editors. The journal is now published by Messrs. Wm. Baldwin & Co. By an arrangement with them the *Journal of Obstetrics* is furnished, together with our own JOURNAL, for \$7.00 per annum.

ON IRRIGATION OF THE MEMBRANA TYMPANI WITH TEpid WATER. By M. PRAT.—The author in this communication endeavors to establish as a fact that the membrana tympani, as a living membrane, requires for its nourishment to be hydrated; whilst, on the other hand, as a physical collector of sound, it needs to be dry to a certain extent, in order to transmit the sonorous vibrations. Hence a certain antagonism between the maintenance of the organ and its function.

However, as the majority of its affections consist in disturbances of nutrition, it is in this direction that it is necessary to apply one's efforts in order to modify the nutritive force, either by diminishing or by augmenting it.

The author has thus been led to propose abundant irrigation of tepid water, simple or medicated, as one of the most prompt and most efficacious curative means against deafness.—*Half-Yearly Abstract of Med. Sciences.*

DR. C. E. BROWN-SEQUARD sailed for Havre on Saturday, the 3d inst.

Medical Miscellany.

THE annual Commencement exercises of the Medical Department of the University of Vermont took place 14th inst. The address was given by Prof. H. M. Buckham of the University, and the valedictory by E. G. Blaisdell, of Richford, Vt. Dr. A. F. A. King, of Washington, Vt., was appointed Professor of Obstetrics in place of Dr. Dunster, resigned.

THE Commissioner of Pensions has restored Dr. Stillman Spooner, of Oneida, N. Y., to the office of Medical examiner, from which he was removed by the late Commissioner Van Aernam because he was a homeopathist.

PROF. OPFOLZER, as we learn from a correspondent, was taken ill while in the clinic, and diagnosticated his own case to those present, before leaving.

DR. FRANK WELLS has recently been appointed Adjunct Professor of Obstetrics and Diseases of Women in the Cleveland Medical School.

THE MEDICAL SOCIETY OF WEST VIRGINIA.—At the annual meeting of the Society, held in Martinsburg, June 7th, the following gentlemen were elected officers for the ensuing year, viz.:

President—Dr. J. M. Lazzell, Fairmont.

Vice-Presidents—Dr. H. J. Weisel, Wheeling; Dr. G. A. Hamill, Martinsburg; Dr. L. R. Charter, West Union.

Secretary—Dr. Wm. M. Dent, Newburg.

Treasurer—Dr. John C. Hupp, Wheeling.

Interesting papers were read by the members, and will be printed in the proceedings of the Society.

Dr. Weisel offered a resolution declaring it unprofessional to render professional services by contract, or for a specified sum per annum, which was adopted.

After a very pleasant session the Society adjourned, to meet in Wheeling, on the first Wednesday in June, 1872.

WHOOPIING COUGH.—A correspondent of the *Med. Times and Gazette* thus poetically commences a letter on whooping cough:—

"After the long, cold, dreary winter each succeeding spring appears more lovely; the simple snowdrop, the bright crocus, the sweet-scented hyacinth, and the pretty primrose, the green-tipped hedges, and the songs of the birds, all combine temporarily to drive away the cares, worries, and anxieties even of medical men. But to us the season is mostly suggestive of spring rashes, bronchitis, and specially of whooping cough."

He closes his letter with, "Amongst the poor, rubbing the soles of the feet with garlic is very popular."

DISINFECTING COTTON.—Dr. Fresenius possesses a method for applying permanganate of

potassa which seems to overcome many of the difficulties hitherto felt in practice, and this consists in saturating gun cotton with a solution of the permanganate of potash. The gun cotton is not decomposed by the manganese salt, as ordinary cotton is, but serves to expose and keep the greatest amount of surface for the action of the disinfectant. Bandages of the gun cotton thus saturated with permanganate of potash can be readily applied, and in cases of open wounds, cancers, &c. must prove very acceptable to surgeons.—*N. Y. Med. Gazette.*

TO CORRESPONDENTS.—Communications accepted:—Pertussis curable by Local Treatment.—Are Artificial Teeth capable of producing Salivation?—Vomiting as the Sole Prominent Sign of Disease of the Kidneys.—Case of Popliteal Aneurism cured by Ligation of the Femoral Artery.

PAMPHLETS RECEIVED.—The Fibrinous Crasis, its Cause a Loss of Albumen from the Blood. By Rollin B. Gregg, M.D., Buffalo, N. Y. Pp. 23.—Annual Report of the City Registrar of the Births, Marriages and Deaths in the City of Boston, for the Year 1870. Pp. 43.

MARRIED.—In this city, 13th inst., Calvin Stevens, M.D., to Emma A. Tewsbury, both of Boston.—In Pembroke, N. H., 14th inst., Charles Greenleaf Carleton, M.D., of Lawrence, Mass., to Miss Frances Ellen Putnam.

DIED.—At Anachon, France, Dr. Jeremiah Whipple, of Cumberland, R. I.—In Hartford, Conn., Mrs. Mary W. Cutter, widow of the late Benjamin Cutter, M.D., of Woburn, Mass., aged 66.

Deaths in seventeen Cities and Towns of Massachusetts for the week ending June 17, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	66	Consumption 31
Charlestown	6	Pneumonia 16
Worcester	13	Diphtheria 7
Lowell	18	Cholera infantum . . . 7
Milford	3	
Chelsea	5	
Cambridge	15	
Salem	9	
Lawrence	4	
Springfield	3	
Lynn	3	
Gloucester	10	
Fitchburg	2	
Taunton	5	
Newburyport	6	
Fall River	5	
Haverhill	4	

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Lowell reports two deaths from smallpox.

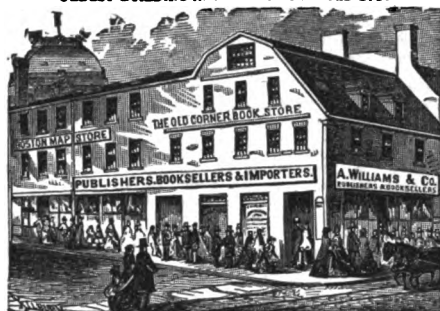
GEORGE DERBY, M.D.,
Secretary of State Board of Health

DEATHS IN BOSTON for the week ending Saturday June 17th, 66. Males, 38; females, 28. Accident, 1—apoplexy, 1—bronchitis, 2—congestion of the brain, 1—disease of the brain, 2—burned, 1—canker, 1—cancer, 1—cholera infantum, 4—cholera morbus, 1—consumption, 12—convulsions, 2—cyanosis, 3—diarrhoea, 2—dropsy of the brain, 2—drowned, 2—diphtheria, 1—erysipelas, 1—scarlet fever, 2—typhoid fever, 3—disease of the heart, 1—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 6—marasmus, 1—old age, 1—premature birth, 1—disease of the prostate, 1—scalded, 1—unknown, 5.

Under 5 years of age, 27—between 5 and 20 years, 5—between 20 and 40 years, 13—between 40 and 60 years, 15—above 60 years, 5. Born in the United States, 46—Ireland, 14—other places, 6.

MEDICAL JOURNAL ADVERTISING SHEET.

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It is very efficacious when used as a local application in Hemorrhoids and Leucorrhoea, when used in its full strength, by means of a sponge, as the application can remain over night.

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May 18.—1y.

HILL-SIDE SCHOOL.—For Undeveloped and Peculiar Children, Southboro', Mass.—Boston, Clinton & Fitchburg Railroad, Fayville Depot. Cars leave Boston from the Boston & Albany Depot.

For particulars, address Mrs. O. H. KNIGHT, or Miss M. A. F. DANA, Fayville, Mass.

References:

Dr. S. G. Howe, Boston, Mass.
Dr. Edward Jarvis, Dorchester, Mass.
Dr. H. M. Knight, Lakeville, Conn.
Mr. H. K. Frothingham, Mass. Bank, Boston.
Mr. F. A. Ames, 70 State Street, Boston.

88—1y.

D. E. GARRATT'S office hours, after this date, will be from 9 to 1 only.
No. 9 Hamilton Place, Boston, Feb. 1, 1898.

F4—tf

COPARTNERSHIP NOTICE.—I have this day admitted Geo. F. H. MARKON, for seven years my head clerk, and JOSEPH T. BROWN, JR., my son, partners in my business. I avail myself of this opportunity to tender my sincere thanks to my old friends and customers for the liberal patronage bestowed upon me for more than THIRTY YEARS, and respectfully ask a continuance of their favors in behalf of the new firm. JOSEPH T. BROWN,

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Boston, March 1, 1898.

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Boston, March 1, 1898.

Moh. 11.—4f.

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Ap. 27.—tf.

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Oct—tf

SUGGESTIONS TO CORRESPONDENTS AND READERS.—

Articles intended for publication in the JOURNAL must be written plainly and distinctly, on one side of the paper only, properly paged, and with suitable divisions into paragraphs. If so prepared, it is seldom if ever necessary that a proof of the article be sent to the writer. The punctuality required in the issue of a weekly periodical allows little time for proof-alterations or additions. When a proof is sent out, it should be returned to the office promptly, as the press in no case will be kept waiting for it.

Anonymous communications will not be published, unless the name and address of the author are entrusted to the Editor.

Accepted articles will generally be inserted in the order in which they are received; this rule will be waived, however, should the nature of the subject or the interest of the Journal require it.

Rejected articles will be returned, if stamps for the requisite postage be sent.

Letters, requiring answer, addressed to the Editor or Publishers for the best edit of the writer, must enclose stamp to ensure a reply.

Original articles, reports of societies, items of medical news, and professional communications of all kinds will be gladly received from members of the profession, wherever resident, so far as they pertain to topics of general interest. In the transactions of societies, the discussions which relate to questions of local importance, reports of business details, debates in extenso, and personalities of all kind, will, as a rule, be excluded.

The Editor does not hold himself responsible for the views and opinions expressed in articles published; nor will their publication be considered, in any way, as his endorsement of their sentiments.

MEDICAL JOURNAL ADVERTISING SHEET.

BOYLSTON MEDICAL PRIZE QUESTIONS.—The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following Physicians:

JOHN JEFFRIES, M.D.	MORRILL WYMAN, M.D.
J. B. S. JACKSON, M.D.	HENRY J. BIGLOW, M.D.
D. H. STORER, M.D.	RICHARD M. HODGES, M.D.
CHAS. G. PUTNAM, M.D.	CALVIN ELLIS, M.D.
SAMUEL CABOT, M.D.	

At the annual meeting of the Committee, it was voted that the Prize of One Hundred and Fifty Dollars be awarded to B. JOY JEFFRIES, M.D., of Boston, Mass., for a dissertation on the subject, "Recent Advances in the Pathology and Treatment of Cutaneous Disease."

The following are the questions proposed for 1872:

1. The Pathology of the Malignant and Semi-Malignant Growths. The author of a dissertation on this subject, considered worthy of a prize, will be entitled to a premium of Two Hundred Dollars.

2. The Pathology and Treatment of Stroke.

The author of a dissertation on this subject, considered worthy of a prize, will be entitled to a premium of One Hundred and Fifty Dollars.

Dissertations on these subjects must be transmitted, post-paid, to John Jeffries, M.D., Boston, on or before the first Wednesday in April, 1872.

The following are the questions proposed for 1873:

1. Electro-therapeutics.

2. The value of Chemistry to the Medical Practitioner.

The author of a dissertation considered worthy of a prize, on either of the subjects proposed for 1873, will be entitled to a premium of One Hundred and Fifty Dollars.

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1873.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the President, John Jeffries, M.D., in a legible handwriting, and with the pages properly secured together, within the time specified.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

RICHARD M. HODGES, Sec'y.

Publishers of Newspapers and Medical Journals throughout the country are respectfully requested to notice the above.
Je. 16—2000

A VERY DESIRABLE OPENING.—A physician in Minnesota, who has a large and first class practice, being about to remove to an Eastern city, desires to dispose of his property, consisting principally of a city residence and office, to a good physician who may become his successor.

For particulars, inquire (by letter or otherwise) of O. W. JORDAN, 82 Washington Street, Boston. Ap. 6—3m

TO PHYSICIANS.—Comfortable apartments, with Board and Nursing, for Ladies about to be confined, or who require treatment (except for contagious or venereal diseases), under the charge of their own physician, can be found by addressing Mrs. M. B. WARR, No. 4 Ferdinand Street, Boston.

Satisfactory references will be required, and given in return, and the utmost privacy and seclusion maintained, if desired by the patient.

References:

Wm. Read, M.D. (late City Physician), 34 Dartmouth St. Boston.
David Thayer, M.D., No. 88 Beach Street, Boston.
John Skinner, M.D., No. 821 Washington Street, Boston.
Mch. 30—

BUTTER OF CACAO SUPPOSITORIES.—For the Rectum and Vagina.—A full line of standard, plain and medicated Suppositories kept constantly in stock. Private formulas prepared *exactly as directed by the physician*, and always of the best and freshest materials.
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829—44.

DR. KIMBALL has returned from Europe, and has resumed his office, No. 6 Temple Street.
Office hours from 10½ A.M. to 2½ P.M. O28—44.

CENSORS OF SUFFOLK DIST. MED. SOCIETY.—In accordance with the following By-Laws, the Censors of the Suffolk District will meet at the house of Dr. S. Joy Jeffries, 26 Chestnut Street, Boston, Thursday afternoon, June 20, at 4 P.M.

Extracts from By-Laws:

"I. Any person may be admitted a member of the Massachusetts Medical Society, who shall have passed a satisfactory examination before a Board of Censors, as to his credentials, personal and medical qualifications, and character, and shall have signed the By-Laws.

"The candidate shall be a person of sound mind, and of good moral character; shall be not less than twenty-one years of age; shall have such an acquaintance with the Latin Language as is necessary for a good medical and surgical education; and shall have acquired the principles of geometry and experimental philosophy." He shall have studied three full years under the direction, and shall have attended the practice, of some respectable physician or physicians. He shall have attended two full courses of lectures on anatomy, physiology, chemistry, materia medica, midwifery, and the theory and practice of medicine and surgery.

"No person shall hereafter be admitted a member of the Society who professes to cure diseases by Spiritualism, Homeopathy or Thomsonianism.

"II. Candidates shall be examined, at any stated meeting of Censors, in each and all the branches mentioned in Article I of the By-Laws. If the examination be satisfactory to the major part of the Censors present, the candidate shall be admitted a Fellow; but if unsatisfactory, he shall not be re-examined by any Board of Censors in less than six months.

"XX. The Censors of the Suffolk District Society shall officiate for that District and for the Society at large; and shall meet, for the admission of Fellows, in Boston, on the Thursday next preceding the annual meeting of the Society, on the days succeeding the examinations of the Medical Department of Harvard University, and on the day of the annual meeting of the Society."

Resolved of June 17th, 1863.—"That the Censors at Large are hereby instructed not to admit into the Society any person who is a resident, or in practice, in any district except their own."

No fee is attached to the admission of a Fellow.

B. JOY JEFFRIES, M.D.

Sec'y Suffolk Dist. Board Censors Mass. Med. Soc.

* It is understood that he be able to translate the select Oration of Cicero, the Æneid of Virgil, or the medical writings of Celsus, and the formulae of the Pharmacopoeia of the United States; and that he have a knowledge of Euclid's, Ptolemy's or Loomie's Elements of Geometry; also of Goulding Bird's or Olmstead's Natural Philosophy, or the Cambridge Course of Physics.

If the candidate be a graduate of any college, the examination in these branches may be dispensed with. May 23—32.

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Jan. 19—44.

L OPOLD BABO, German Apothecary, No. 12 Boylston Street, Boston. Dec. 22—

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BOSTON MEDICAL AND SURGICAL JOURNAL.

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H. H. A. BEACH, M.D., ASSISTANT EDITOR.

Whole No. 2865. }
Vol. LXXXIV. }

THURSDAY, JUNE 29, 1871.

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{ Vol. VII.—No. 26.

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HARVARD UNIVERSITY.

MEDICAL DEPARTMENT—BOSTON, MASS., 1871-72.

CHANGES IN THE PLAN OF STUDY AND THE REQUISITES FOR A DEGREE.

THE REGULAR COURSE OF STUDY for persons who begin their medical education at this School, will occupy three full years. The year will begin on the Thursday following the last Wednesday in September, and end on the last Wednesday in June, and will be divided into two equal terms. The instruction will be given by Lectures, Recitations and Practical Exercises, throughout the year. The general subjects of the Regular Course of study are:—

- For the first year*—Anatomy, Physiology and general Chemistry.
For the second year—Medical Chemistry, Materia Medica, Pathological Anatomy, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.
For the third year—Pathological Anatomy, Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

No student will receive his degree until he has passed a satisfactory examination in all the above-mentioned subjects. Examinations in all these subjects will be held at the beginning, middle and end of each year.

Students who take the regular course of the School will be divided into three classes according to their time of study and proficiency. Students may be admitted to advanced standing in the regular course; but all persons who apply for admission into the second or third year's class must pass an examination in the branches already pursued by the class to which they seek admission. Students who fail in any subject at one examination may be examined again at the next examination. The regular examinations will be held in the following order:—

- At the end of the first year—Anatomy, Physiology and Chemistry.
“ “ “ second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.
“ “ “ third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

Students who began their professional studies elsewhere may be admitted to the School and become candidates for a degree without joining the regular classes; such students may take up the subjects which they have not previously studied, in such order as may be thought best, passing the examinations at the beginning, middle and end of each year.

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[] The plan will go into operation on Sept. 28th, 1871, but the changes above described will not affect students who have already entered the School, unless by their choice.

Apr. 20—

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Elixir Phosphate Iron, Quinine and Strychnia.

There is perhaps no prescription so generally used and with such gratifying results, as the above combination. Owing to the intensely bitter taste of the solution or the syrup, patients very generally object to them, and many sensitive stomachs reject their administration. Physicians hesitate to prescribe in pill form from the want of prompt action—the frequent passing away from the system undissolved, and the occasional cumulative action of the Strychnia when the pills are long retained.

This Elixir has been extensively used with very gratifying results, and does not seem open to any of the above objections. Using pure Alkaloids of Quinia and Strychnia, the excess of acid is not required, the bitter taste is not developed, and the Elixir is readily taken by children as well as adults.

Each teaspoonful contains two grains of Phosphate of Iron, one of Quinia, and one-sixtieth of a grain of Strychnia.

Adult dose one teaspoonful three times a day.

Elixir of the Pyrophosphate of Iron.

IRON, WITH PHOSPHORUS AND CALISAYA.

Promptly tonic, without being irritating or stimulant, combining the effects of Phosphorus and Iron with the cordial and tonic influences of the Cinchona Elixir. The freedom from all unpleasant taste, and the ease with which this preparation is borne by even the most sensitive stomachs, together with its ready assimilation with the food, and consequent rapid absorption, render this preparation specially valuable. It is used with benefit in all instances where a nerve tonic is indicated.

Each teaspoonful represents the activity of five grains of Calisaya Bark, together with two grains of the Soda-Pyrophosphate of Iron. This Salt of Iron is not precipitated in the stomach by the agency of food or gastric juice, and will be found an efficient chalybeate when ordinary iron preparations produce constipation, headache, &c.

The dose for an adult is a teaspoonful three times a day, immediately before or after meals. For children, to be graduated according to age.

Comp. Fluid Ext. Buchu and Pareira Brava.

This fluid extract is composed of equal quantities of Buchu, Pareira Brava, and *Colinsonia Canadensis*. As a tonic and diuretic it will be found of great value; exerting prompt remedial action in Calculous Affections, Chronic Inflammation, and Ulceration of the Kidneys and Bladder, Leucorrhœa, Dropsy, &c.

In Chronic Inflammation of the Bladder, for allaying irritability of that organ, and correcting the disposition to profuse mucous secretion, we specially recommend it.

Adult dose, one teaspoonful three times a day.

VINUM CIBI ET FERRI.

Extract of Beef, Citrate of Iron and Sherry Wine.

As a Nutrient Tonic and Mild Stimulant, this combination has proved especially efficacious in many cases of enfeebled digestion, loss of tone and vigor, impoverished blood, and in the many ailments consequent upon general debility. It is prepared with great care from selected beef, one third of which has been partially roasted to develop the osmazome; thus rendering it more grateful to the taste and less apt to occasion disgust from continued use.

We claim and believe that our Extract of Beef is superior to any offered to the Medical Profession or to the public, and it is used in this preparation.

Each fluid ounce represents two ounces of fresh beef and four grains of Citrate of Iron in one ounce of Pure Sherry Wine.

ADULT DOSE.—One tablespoonful three or four times a day, between meals, or when fatigued and exhausted. The dose for children should be graduated according to the age.

SYRUP LACTO-PHOSPHATE OF LIME.

Phosphate of Lime has been universally recognized as a remedy of great value in the various forms of Scrofula, in Phthisis, and in the diseases dependent upon Defective Nutrition.

The disappointment which frequently follows its employment, due most probably to an inability on the part of the system to appropriate the materials supplied by Phosphate of Lime, has led to a search for means to secure its absorption; and this has been best accomplished by its combination with Lactic Acid, in the form of a Lacto-Phosphate of Lime.

M. Dusart, the eminent and conservative French Physiologist, who, after long continued and exhaustive experiments, has tested it thoroughly, is satisfied that it supplies the want recognized in the simple Phosphate, and believes that its definite action and powerful effect will soon cause it to rank with Bromide of Potassium and Hydrate of Chloral, as one of the most valuable of the new preparations which have lately been brought before the Medical Profession.

Its use in the French Hospitals demonstrates that it exceeds all agents tried in stimulating the functions of nutrition. All who have used it unite in advocating its special adaptation and value, when given to children and infants, where these functions are so often deficient.

We prepare this salt from the formula most approved by the French Chemists, and manufacture from it a syrup pleasantly flavored, which contains two grains of Lacto-Phosphate of Lime in each fluid drachm.

DOSE.—Adults should take a dessertspoonful two or three times a day; children, a teaspoonful, and for infants the dose should be graduated according to age.

TASTELESS COD-LIVER OIL.

The value of Cod-Liver Oil is so generally recognized, and has been used so long as a popular remedy with gratifying results, that it is needless to repeat what is so well known to every Physician as to its therapeutic value, or the special diseases in which it is indicated. To many invalids Cod-Liver Oil in its natural condition and as usually dispensed, is so distasteful that they are unable to take it, and are consequently denied the benefit of a remedy combining both nutriment and remedial properties to an unusual degree.

To obviate this objection, we have for some years prepared our Pure Cod-Liver Oil in the form of an emulsion, so perfectly disguised as to be given readily to Children and Adult Patients hitherto unable to take the oil even in minute doses.

ADULT DOSES.—A tablespoonful three times a day. Children in proportion to age.

TASTELESS COD-LIVER OIL.—Ferrated.

Physicians frequently wish to administer Iron with Cod-Liver Oil; as the majority of patients to whom the Oil would prove serviceable derive benefit from some Salt of Iron that would be readily assimilated. It is generally believed that the efficacy of all Iron Preparations is much enhanced when given with Cod-Liver Oil or some similar nutrient, for which reason the Profession invariably prescribe chalybeates at meal time. To each teaspoonful of our Tasteless Cod-Liver Oil we add one grain of Pyrophosphate of Iron, which will remain in permanent solution. Children and Invalids, however fastidious, can take our Cod-Liver Oil prepared in the form of an emulsion without difficulty, being pleasantly flavored and perfectly disguised.

Adults should take from a dessert to a tablespoonful three times a day. Children in proportion to age.

JOHN WYETH & BROTHER,
1412 Walnut Street, Philadelphia

A VALUABLE REMEDY.

Dr. HAYDEN'S Successful Prescription for
DYSMENORRHOEA,
AND ALL PAIN OF THE STOMACH AND BOWELS.
A Powerful Anti-Spasmodic and Nervine.

The Saturate of Viburnum Compound.

PREPARED from the original formula of W. R. Hayden, M.D., of New York, by the New York Pharmaceutical Company, expressly for Physicians' Prescriptions.

The Company take special pleasure in asking the attention of the profession to Dr. Hayden's Saturate of Viburnum Compound, as they are confident it will meet with their warmest approbation, and be found to approach as near a specific in *Dysmenorrhoea* as any one medicine can, and that it is a more important addition to the physician's list of valuable remedies than the Hydrate of Chloral, or any of the various preparations which have been introduced to the profession since the discovery of anaesthesia. The Saturate of Viburnum Compound contains no preparation of opium or other narcotic, and may be administered freely without any unpleasant after-effects.*

The Viburnum Compound has been extensively employed for the past two years by physicians in New York, Boston, Providence, and many other places, with universal commendation from those who have employed it.

Prepared only by the New York Pharmaceutical Co. Laboratory, Bedford Mineral Springs, Mass.

Price, \$2 per pound.

Dispensed by all Druggists.

Physicians prescribing the Saturate of Viburnum Compound should be particular to write for "Hayden's."

* For formulae, see Company's Hand-Book of Hayden's Saturates (225 different kinds), which may be had free on application, by enclosing stamp for postage.

Price Reduced!

PHOSPHORUS PILLS.

HAVE proved to be a valuable remedy in the treatment of all diseases of the Brain and Nerve Centres, particularly *Lapses of Memory*, Mental Derangement, Paraplegia, Paralysis and Impotency—especially in the three last, and in all cases where there is a loss of Nerve or Vital Force.

The Simple and Compound Phosphorus Pills were first introduced to the profession five years since by this Company, they having procured the formulae from Dr. Hayden; and they prepare them strictly according to his directions. The Phosphorus Pills are now prescribed in almost every city and town in the United States and in many parts of Europe; and but few remedies have met with more approval.

The two following letters are a sample of over 160 received.

Meriden, Ct., Oct. 15, 1890.

Dr. Hayden,—Dear Sir:—I have used your Compound Phosphorus Pills the past six months, in a number of cases of Anaphrodisia, and in physical and nervous weakness caused by protracted influences injurious to the vital economy, and have been very much pleased with their effect. I have also used them with much benefit in inflammation of the prostate gland, and in affections of the spinal cord. I have used Phosphorus with Sugar of Milk, Glycerine, Sulphuric Ether, and Alcohol, also Phosphoric Acid, but I think your preparation in Phosphorus is far preferable to others.

Respectfully, CHAS. H. B. DAVIS, M.D.

Howell, Mich., Sept. 2, 1870.

W. R. Hayden, M.D.,—Dear Sir:—I am delighted with the Phosphorus Pills, and would rather pay twice their price than be without them. I have used them myself, and have been able to perform double the amount of labor that I should have done were it not for them

Yours, &c.

W. L. WELLS, M.D.

Dr. G. Dujardin Beaumetz, of the Hospital de la Pitié, Paris, concludes, after an elaborate study of the action of phosphorus in locomotor ataxia, that—1. Phosphorus appears to have a favorable influence in progressive locomotor ataxia. 2. Phosphorus acts as an excitant and as a tonic to the nervous system. It returns to the nervous tissue an indispensable element. 3. The administration of Phosphorus should be commenced in small doses, one milligramme (about the 1-60 of a grain), and increased gradually until the dose of one centigramme (1-6 of a grain) is reached. The administration should cease when digestive troubles supervene.—*Bulletin General de Therapeutique*, Jan. 15, Feb. 29, March 18, 1868.

The Simple Phosphorus Pill consists of the one-hundredth of a grain of Phosphorus in Suet, Sugar-Coated. The Compound Phosphorus Pill the one-hundredth of a grain of Phosphorus and one quarter of a grain of *Nus Vomica*, in Suet, Sugar-Coated. The Compound is the most employed.

Put up in boxes of 100 each. Price, \$2 per 100.

Dispensed by all Druggists, or they will be sent by mail on receipt of price, by the N. Y. Pharmaceutical Co., Bedford Springs, Mass.

NOTE.—Physicians prescribing the Phosphorus Pills should be particular to designate whether *Simple* or *Compound* Pills are desired, and also to write for "Hayden's" Phosphorus Pills, as a firm in Philadelphia, having no sympathy with the GOLDEN RULE, have appropriated Dr. Hayden's original formula and language to their own use, in order to profit by the considerable sums of money paid to the various medical journals by this Company, in calling the attention of the medical profession to the value of the Phosphorus Pill. It is very questionable whether men who will stoop to such dishonorable transactions in business can be trusted to prepare medicine for the profession and the sick.

Mch. 16—1y.

MEDICAL JOURNAL ADVERTISING SHEET.

HUNNEWELL'S STANDARD CATHARTIC, NARCOTIC, AND ALTERNATIVE DEVELOPMENTS—

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Pill Aloin cum Ferro,	Known as Eclectic Pilla.
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Compound Quinine Pill,	Dr. N. I. Aiken's Formula.
Fluid Cannabis cum Tolu,	Known as Tolu Anodyne.

The standard of action and character of the above preparations is fully kept up, and in convenient-size dispensary packages.

Formulas in detail sent on demand.

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ORIGINAL NON-HUMANIZED COWPOX AND HUMANIZED VACCINE VIRUS OF THE BEST "STOCKS."

The subscriber continues, as for the past twelve years, to devote special attention to the propagation and supply to the profession of the best possible *materiel* for vaccination.

Last spring he sent a special agent to Paris to investigate fully the whole subject of animal-vaccination as practised there, and to procure such supplies of virus, in various forms and from many different animals, as might enable him to inaugurate the method here. This agent returned two months since, and the objects sought in sending him have been fully attained. Over twenty heifers have already been successfully vaccinated, others are vaccinated every few days from the two non-humanized "stocks" mentioned below, and this "service" will be continued indefinitely if, as is not doubted, the support of the profession justifies the great and continual labor and expense.

All virus issued by me is collected by myself from vaccinations of heifers and infants, made by my own hand, and is fully warranted in every respect. In any case of failure of a first supply, a second will be sent on notification within thirty days.

TERMS.

COWPOX VIRUS, derived by transmission from heifer to heifer, from the famous case of cowpox discovered at Beaugency, in France, in 1866. COWPOX VIRUS from inoculation of an heifer in 1868, from an original case of horse-pox at Alfort in France, and since then from heifer to heifer. Crusts, \$5; Capillary Tubes of fluid lymph, \$3; Packages of ten Ivory points, charged on both sides, \$2 each.

VACCINE VIRUS, of one perfectly healthy human remove from either of the above. VACCINE VIRUS from vaccination of healthy selected infants with the "stock" of the National Vaccine Institution of London, derived in long succession, for seventy years, from lymph collected by Jenner himself; the oldest and best long humanized virus in existence. Crusts, \$3; Tubes, \$2; Packages of points, \$1.50 each.

The Tubes and Points are recommended as the best forms of the cowpox; of the humanized "stock" all forms are equally reliable.

I shall be most happy to answer all inquiries touching the subject of Vaccination, and on any week day, from 3 to 4 P.M., to receive the visits of physicians, and exhibit to them heifers in different stages of the disease; but no orders for virus will be noticed without a remittance. The original cowpox lymph will not be supplied to or through agents or dealers.

Address DR. HENRY A. MARTIN,
27 Dudley Street, Boston Highlands, Mass.
Dec 1, 1870.

189 WARREN AVENUE, Sept. 16, 1869.

DR. T. W. FISHER, having retired from service at the Boston Hospital for the Insane, to enter on general practice in this city, will give attention by preference to Mental and Nervous Diseases.

He has permission to refer to the following gentlemen:

Dr. C. A. Walker,	Dr. J. E. Tyler,
Dr. D. H. Storer,	Dr. H. I. Bowditch,
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The next term commences on the first Tuesday in September 1871, and continues sixteen weeks. For Circulars, apply to

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Je8—3m.

DOUGLASS'S ARTIFICIAL LIMBS.—Distinguished in their superiority for combining in the highest degree scientific and anatomical principles with the articulation of the natural limbs and possessing great strength with lightness and durability.

They are perfectly adapted to all forms of amputation.

Every limb is made first class, of the best material, and fully warranted.

They are recommended by the leading surgeons.

Pamphlets with authorized testimonials sent free.

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DOUGLASS'S ARTIFICIAL LIMBS IN BOSTON.

! We are now fully prepared to receive orders, take measurements, FIT AND ADJUST the Douglass Artificial Limbs, at our office. We employ the very best professional skill, and every limb is perfectly adjusted and fully warranted.

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SPECIAL NOTICE.

The subscriber will not in future, in any case, furnish either Cowpox or Humanized Vaccine Lymph to any agent or dealer. It is most important that physicians should know the precise source of their vaccine supply, and who is solely responsible for its excellence; this can only be attained by direct communication with the person who devotes himself to this troublesome and laborious specialty.

HENRY A. MARTIN, M.D.,
27 Dudley Street, Boston (Highlands).

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VACCINE VIRUS.—We are prepared to furnish Crusts of Vaccine Virus, taken from healthy country children. War-
ranted pure and reliable. Price of Crusts, \$2 each.

LEACH & GREENE,
Dealers in Surgical Instruments,
1 Hamilton Place, Boston.

May 18—4f.

DR. WADSWORTH'S UTERINE ELEVATOR, OR STEM PRESSURE IMPROVED.

The most simple and practical of any ever invented; made of India Rubber without lead, unobtrusive, of easy application, and unfailingly keeps the womb in its natural position. The first-class physicians in Providence, and eminent practitioners in almost every State, highly commend it. A pamphlet describing it, and testimonials of distinguished Physicians, sent on receipt of stamp for postage.

H. H. BURRINGTON,
Sole Proprietor, Providence R.

81—4f

HAZARD & CASWELL'S PURE COD-LIVER OIL.

Prepared on the Sea-Shore of Cape Cod and Cape Ann, by Mr. CASWELL, personally,
from Fresh and Selected Livers.

The universal demand for an article of Cod-Liver Oil that could be depended upon as *strictly pure and scientifically prepared*, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the *Fishing Stations*, where the fish are brought to land every few hours, and the livers consequently are in great perfection. Its manufacture is personally superintended by our Mr. Caswell, and every gallon made is closely scrutinized. This Oil is confidently recommended to the Trade and Medical Profession as the *Sweetest and Purest* in market.

It is made of fresh selected livers on the sea-coast, and can be retained by



the stomach when other kinds fail, so sweet and pure is it from the great care and skill attending its manufacture.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's oil, and give yours the decided preference."

Prof. Hayes, State Assayer of Mass., after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have carefully studied the effects of different Cod Liver Oils, have unanimously decided the *light straw-colored Cod-Liver Oil* to be far superior to any of the brown oils.

The nauseous and offensive character of the usual Cod-Liver Oil in use is extremely prejudicial—more so than none at all; so that an article fresh and pure is indispensable.

☐ Sole Manufacturers and Proprietors, CASWELL, HAZARD & CO., under Fifth Avenue Hotel, New York City

THE BEST THREE TONICS OF THE PHARMACOPOEIA.

IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & CO. also call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable

Ferro-Phosphorated Elixir of Calisaya Bark,

a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome without any injury to their active tonic principle, and blended into a BEAUTIFUL AMBER-COLORED CORDIAL, delicious to the taste and acceptable to the most delicate stomach.

A teaspoonful contains one grain of the Salt of Pyrophosphate of Iron, and a pint of the mixture contains the virtue of one ounce of Royal Calisaya Bark. The Profession are warned against many imitations of the Ferro-Phosphorated Elixir of Calisaya, made from very inferior materials.

Ferro-Phosphorated Elixir of Calisaya Bark, with Strychnia.

This preparation contains one grain of sulphate of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effects.

Ferro-Phosphorated Elixir of Calisaya, with Sub-Carbonate of Bismuth.

This combination has now become exceedingly popular with the first physicians of the country, by whom it is efficiently and successfully used in gastralgia, laborious digestion, acid eructations, nausea, debility, and nervous derangements. Each tablespoonful contains eight grains Ammonio Citrate of Bismuth, four grains Pyrophosphate of Iron and three-quarters grain Quinine in its natural state of combination.

Simple Elixir of Calisaya.

Where an efficient tonic is required, and in cases where Iron is contraindicated, our simple Elixir of Calisaya will be found of admirable service. In it the finest variety of Calisaya Bark is combined with aromatics and made into a ruby-colored cordial, which is very pleasant to the taste and friendly to the stomach. One pint of the Elixir contains the virtues of one ounce of the Calisaya.

iodo-FERRATED COD-LIVER OIL.

This combination holds sixteen grains *Iodide of Iron* to the ounce of our *pure Cod-Liver Oil* ["*Oleum Morrhuae*"] in perfect solution, making a pleasant and beautiful, clear, light-brown combination, free from the unpleasant inkiness of the *Iodide of Iron*. It possesses not only the nourishing properties of the Cod-Liver Oil, but intensified by the powerful tonic and alterative effects of the *Iodide of Iron*, thereby assisting the assimilation of the oil by the stomach, and increasing its nutrition, making this invaluable remedy (Cod-Liver Oil) far more efficacious in scrofulous and other diseases indicating its use.

This combination is one long desired by the Profession, and one, when Iron is indicated (as in most cases), the practitioner will find invaluable. One of the advantages of the Iodo-Ferrated over all other combinations of Cod-Liver Oil is, that a much less quantity is sufficient for a dose, as it contains four or five times the amount of Iodine found in the natural oil. Physicians can rely upon this preparation as containing sixteen grains of the *Iodide of Iron* in each ounce of Cod Liver Oil.

Manufactured solely by CASWELL, HAZARD & CO.

Cod-Liver Oil, with Iodine, Phosphorus and Bromine.

This preparation represents *Phosphorus, Bromine, Iodine and Cod-Liver Oil* in a state of permanent combination. Bound indissolubly with Caswell, Hazard & Co.'s pure straw-colored Cod-Liver Oil, the Phosphorus and Iodine are carried directly with the oil into the blood and there decomposed.

The following are the proportions and constituents of one pint of our Cod Liver Oil with Iodine, Phosphorus and Bromine: Iodine, 8 grains; Bromine, 1 grain; Phosphorus, 1 grain; Cod-Liver Oil, 1 pint. Manufactured by CASWELL, HAZARD & CO.

JUNIPER TAR SOAP.

This article is highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is manufactured by ourselves from the purest materials, and is extensively and successfully prescribed by the most eminent physicians of New York. Samples of our Preparations furnished free to the Profession on application.

CASWELL, HAZARD & CO.

Successors to CASWELL, MACK & CO.,

Family and Manufacturing Chemists, Newport, R. I., and cor. 24th Street and Broadway,
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THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, JUNE 29, 1871.

[VOL. VII.—No. 26.]

Original Communications.

VOMITING AS THE SOLE PROMINENT SIGN OF DISEASE OF THE KIDNEYS.

By CALVIN ELLIS, M.D., Boston.

A. B., 22 years of age, was first seen by me on Jan. 3d, 1870. A year before, she had typhoid fever, and after this measles. Though the attack of fever was slight, her health was never fully restored and the strength not as good as before. She had also a slight cough, and complained at the time of the visit of pain in left shoulder and between the shoulders. One brother had died of consumption, but the family history in other respects was not remarkable. Dyspnoea was quite troublesome, but this had always been so marked she was supposed to have asthma, though the difficulty had perhaps increased within a year. The appetite was pretty good, perhaps as great as could be expected, as the amount of exercise was very limited. Food was generally well borne, but this had not been the case during the week preceding the visit. The bowels were rather costive, the catamenia regular; pulse 58. She complained mostly of headache and weakness. The cough, pain about the left shoulder and dyspnoea made it necessary to examine the chest. Nothing abnormal, however, was found. No other local disease being detected, a general tonic treatment was adopted, and she improved rapidly, and reported herself, on the 18th, as well in every respect, except that she was not quite as strong as usual.

On July 7th, I was again called, and informed that she had been well until two months before, when she began to lose strength, and had become so weak that it was an exertion even to dress. There was but little appetite, and the bowels were costive. Some swelling of the hands and feet, particularly the former, had been noticed at times within the last three weeks, but the account given of it was of such a character as to make it extremely doubtful whether it were caused by asthma, and

nothing of the kind was ever noticed afterwards. The urine was spoken of as thick and dark-colored, but an examination showed nothing unusual. In a week she began to complain of "distress, weight, or pain" in the epigastrium, accompanied by nausea and vomiting, which became very troublesome and persisted more or less until the 28th, when it was ascertained that the distress and vomiting always came on at night. Doses of eight or ten grains of quinine were administered a number of hours before the expected attack; the vomiting diminished, and on August 1st, the appetite returned, and she asked for chicken and cracker. The tongue, during this time, was reported as clear and in no way remarkable. While the gastric symptoms were marked, there was some heat of skin at night, the pulse varied from 100 to 108, but the heat disappeared and the pulse fell to 84. The urine was examined several times and nothing unusual found; but the weather was very warm and decomposition rapid. She gained in strength so rapidly as to leave for Sandwich, N. H., on the 5th or 6th of August.

On Sept. 3d, I was again called, and learned that she bore the journey to Sandwich well, was up and dressed on the following day, and afterwards rode out three times. She was then frightened by a horse, and in a few days took to her bed with about the same symptoms as before, viz.: weakness, want of appetite, and occasional nausea. She had eaten scarcely anything, and had had much pain in the head. The day before I saw her, she had travelled two hundred miles, some of the distance in a stage, although troubled with diarrhoea, which came on the day before.

When seen, the pulse was 112. There was no apparent heat of skin, though she spoke of "inward" fever—no chills. The tongue was clean. Catarrh had been quite troublesome in the country, but no special complaint was made of it at the time of my visit. The urine was reported to have been dark-colored for four or five days. An examination showed a small amount of albumen, but no casts nor anything else abnormal. Quinine was prescribed. In three

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[WHOLE No. 2265]

days the appetite improved, and she was soon able to bear quite a variety of food, and went down stairs to the dining-room. During this time she vomited but once. At the end of a fortnight, I was called to see her in the night on account of persistent vomiting and great pain in the head.

From this time the vomiting continued to be the prominent symptom until the close, with occasional intermissions. The matters vomited were not abundant, nor remarkable in appearance, consisting of a yellowish or greenish fluid. The tongue, which was at first normal, was reported about two weeks before death as covered with a thin fur. This soon gave place to a thick coat. Finally, the whole mucous membrane became red, small ulcers formed upon the fauces, and the contact of food became so painful that she could be induced to swallow scarcely anything.

With the return of vomiting, the little strength she had gained diminished and the emaciation and pallor became marked. Towards the close, she became extremely restless, requesting constantly to be moved from one bed to another. This was followed, in the last few days, by a dull, drowsy condition, and she finally died on Oct. 4th.

Fever was frequently spoken of by her attendant as coming on in the night, but it was never very marked, certainly not of the character of that seen in severe acute inflammatory affections. The temperature, a few days before death, was $100\frac{1}{4}$. The pulse varied from 108 to 120, but on Sept. 26th it rose to 128, and then gradually increased until the day of her death, when it was 140. The severe pain in the right side of head already mentioned was frequently complained of, and the left side was occasionally attacked. On Sept. 16th, it appeared to alternate with pain in the knees, or both were present at the same time. That in the head usually came on in the evening, but sometimes lasted through the day. This was relieved temporarily by large doses of quinine.

There was diarrhoea several times during the month, but it was always checked without difficulty.

The urine, which, as I previously stated, contained albumen a month before death, was examined several times afterwards by myself, and once by Dr. Swan. We both found albumen and casts.

But little has been said about treatment in the course of the case, as quinine was the only thing which produced any marked effect, although temporary relief was afforded by carbonate of ammonia, elixir of va-

lerianate of ammonia and bromide of potassium. If the nausea appeared to be checked by any treatment, it always returned and persisted in spite of the use of the same. The diet was, of course, regulated in the strictest manner, and nothing was borne so well or taken in such large quantities as milk.

My attention was attracted to the kidneys at the beginning by the persistent nausea, without other assignable cause, as I had previously seen cases of this character. The pain in the head attracted attention as possibly connected with disease there which might affect the stomach, but the character of it, its disappearance and the absence of other signs of cerebral trouble did not warrant such a belief. The gastric symptoms were not such as could be attributed to inflammation, and a close examination of other organs failed to show anything abnormal.

An autopsy made on October 5th, the day after death, showed that the diagnosis was correct. The kidneys were alone found diseased. They were of the usual size, but soft, and the cortical substance had the peculiar opaque appearance which indicates a proliferation of the cell elements. The microscopic examination, by myself and Dr. R. H. Fitz, showed that the tubuli were crowded with granular and fatty material.

The brain was not examined.

CASE II.—In 1862, I made an examination of a patient who died under the care of Dr. Ruppanner. He had some trouble in the left hip for four months, but eight weeks before death he was attacked with what we called typhoid fever, and also suffered much some weeks after with pain in the hip. After the use of counter-irritation and tonics, he improved, but a week before death the pain in the joint returned, and was relieved by injections of morphia. Four days before death, he became drowsy, and the pulse increased in rapidity. On the following night, the mind wandered, and three days before death, he vomited three quarts of a black or greenish fluid like bile. This continued, in spite of all attempts to check it, until death. There was neither pain nor fever nor other sign of inflammation. The tongue was perfectly clean, the pulse 108, thin and wiry.

At the autopsy, the brain was found more moist than usual, but in other respects normal. The stomach contained a large quantity of dark brown fluid, and there was cadaveric softening of the large extremity.

The kidneys were flaccid and somewhat opaque. A microscopic examination showed that they were much diseased. The tubuli

were crowded either with epithelium or with granular or globular material. Not a healthy tubule was seen, although the examination was very thorough. Urine taken from the bladder coagulated neither by heat nor nitric acid. The other organs were healthy, but the cartilage of the left hip was mostly destroyed and the exposed bone red, as in acute inflammation.

This case is by no means so conclusive as the other, as the diseased joint may have had some influence in producing the symptoms, but the excessive vomiting could hardly be explained by it.

CASE III.—In April, 1868, I examined a man, 24 years of age, who died under the care of Dr. Palmer. He first saw him on April 9th. There was slight cough, with some mucous râles in the chest like those of bronchitis. The principal complaint was of severe chills, which persisted in spite of the administration of quinine. There was also vomiting, but both of these symptoms diminished, and in five days he had a pulse of 72, and there was some appetite. Three days after, he began to vomit dark-green matter, containing blackish specks. There was neither pain nor tenderness, but the vomiting persisted, and he died in six days.

The tubuli of the kidneys were crowded with cells, which also filled the field. Large masses of the same were also seen, resembling portions of tubes.

The other organs were normal, with the exception of the spleen, which was somewhat enlarged and softened.

ARE ARTIFICIAL TEETH CAPABLE OF PRODUCING SALIVATION?

By P. A. O'CONNELL, M.D., Boston.

My attention has been called to a case which points to the possibility of the occurrence of *salivation* and the *constitutional effects of mercury*, from the use of artificial teeth, and the importance of the circumstance has seemed to be sufficient to justify a mention of it; so that inferences may become either corrected or confirmed by the observations of others of the profession.

The patient, in the case referred to, was a lady, who had used the artificial teeth that are now accused of having produced trouble, between two and three years. Before using them, her general health was good. While using them, her health became poor (*wasting away*), and proceeded gradually from bad to worse, resisting every mode of treatment. She exhibited no special cause of illness, until the occur-

rence of salivation and sore mouth drew attention to the teeth. Then it was found that the plate upon which the teeth were mounted, which was a suction plate of the red rubber kind, presented a corroded appearance on the surface which came in contact with the roof of the mouth. And the circumstance that this kind of rubber plate is made up to a great extent of the sulphuret of mercury, suggested the possibility of the general ill health resulting from this cause.

The teeth were removed, of course. The mouth became well speedily; and without any further treatment the lady's general health began to improve immediately in a very remarkable manner.

Upon mentioning this case to some medical gentlemen, it recalled to the mind of one of them another instance of salivation, resulting, apparently, from the same cause. Here, too, the disuse of the red rubber plate allowed the mouth to become well; and a set of teeth mounted on dark rubber was used afterwards without any inconvenience resulting.

The red rubber which is used in making the plates upon which artificial teeth are mounted, receives its color from the sulphuret of mercury, which is mixed with it very intimately, and constitutes generally about one-third of the mass. This preparation of mercury is very insoluble, resisting, in the chemist's laboratory, the strongest acids; and it is difficult to understand what combinations can have taken place in the mouth to render it liable to absorption.

It is rendered soluble by mixture with the sulphide of potassium, but one would suppose that it would be protected sufficiently by the rubber with which it is thoroughly mixed and baked.

Are artificial teeth, under any circumstances, capable of producing salivation?

Selected Papers.

TWO CASES OF TWINS.

By JOHN BRUNTON, M.A., M.D., Surgeon to the Royal Maternity Charity.

THE narration of the following cases will, I think, on account of their rarity, be of some interest to this Society. Cases of placental presentation and their treatment, successful or unsuccessful, ought always to be recorded. If successful, our guide to treatment is established; if unsuccessful, we

are warned as to the dangers which we might meet any day.

CASE I.—On the 28th day of December, 1867, I was sent for to attend Mrs. H—, æt. 28, in her fifth confinement.

When I arrived I found that the liquor amnii had escaped with a gush, followed by the head of the child. The next pain delivered the child, and then ensued a tremendous gush of blood, the loss of which caused my patient to faint. I at once grasped the uterus with my left hand, and on doing so, discovered the uterus to be large, and evidently containing another fœtus.

Examination, per vaginam, disclosed placental presentation with the second child; the vagina was full of blood, and a considerable stream was coming away.

I at once slipped my left hand past the placenta, through the membranes, into the uterus, turned the child and delivered it. The placenta were delivered in a few minutes; the mother rapidly recovered the shock, and ultimately did well. There was no succeeding hæmorrhage; the second child was born alive, and is alive now—the first was dead. One of the placenta, for there were two, was covered with clot, indicating previous separation. There had been no hæmorrhage before the birth of the first child. The children were females, each in its own set of membranes.

CASE II.—On the second day of December, 1869, at 6 o'clock, I was sent for to Mrs. F—, æt. 29. She was in the eighth month of her pregnancy. On arrival I learned that she had had some diarrhœa, and when at the closet she felt a rush of fluid issuing from the vagina; on getting up stairs to examine herself, she found that it was blood. She had been bustling about a good deal that day.

On examination, I found the vagina full of blood, the os uteri closed, and that there was no labor. I administered an opiate, ordered her to keep still in bed, and to send for me if the bleeding came on again.

At 10, P.M., I was summoned; the hæmorrhage had set in alarmingly about a quarter of an hour before. As she lived close to my house I was present with her in a few minutes. She had had a little uterine pain.

On examination, I found blood coming away rapidly, the os uteri the size of a crown-piece, with a bag of membrane protruding. Introducing my hand into the vagina in order to make a proper search for the placenta (for the child was still above the pelvic brim, vertex presenting), I could not find it, though I passed my finger well

into the uterus and round the neck. As the hæmorrhage still went on, and there was a dilatable os with a little labor-pain, I gave a full dose of ergot, and ruptured the membranes. The hæmorrhage at once ceased; by manual dilatation, accompanied by abdominal frictions, I delivered a dead male child at 10.45, P.M. The delivery was succeeded by great hæmorrhage. On endeavoring to ascertain the cause of the hæmorrhage, I found the uterus large and only partially contracted, and that evidently another fœtus was in it. On examination, per vaginam, the os uteri was filled up with the placenta, which was partly adherent; I introduced my left hand, detached the whole placenta, and brought it out on the bedside. It was double battledoor and clotted over half its extent, as in the former case. On the removal of the placenta the hæmorrhage at once ceased. By stimulating the uterus to contract by means of abdominal frictions, a second child was soon born (in about five or six minutes), wrapped in its membranes. The child was alive, and lived thirty-six hours. The uterus contracted well, and the mother has done admirably.

Twin males in separate sacs.

Remarks.—First of all, whence the hæmorrhage? Evidently from the uterine sinuses which were left open in the semi-contracted state of the uterus after delivery of the first child. In both cases the hæmorrhage might be called accidental. In the first case, probably the hæmorrhage was in utero before the birth of the first child, and was concealed accidental. In the second case the hæmorrhage was early, and, as the placenta could not be found on examination, we might call it pure accidental.

Secondly, what about the placenta? In the first case we may conclude that the placenta of the first child had been separated during labor, and not before, as there is no history of strainings or hard work in this case. That this is probable is borne out by the history—sudden fainting of the mother, great hæmorrhage, and dead child, the second child being alive.

In the second case, where there was one placenta, or, more properly speaking, two placenta joined into one, it is probable that the mother caused separation of that part of the placenta belonging to the first child some time before labor set in; hence the early hæmorrhage and the death of the first child; and it is very likely that the previous detachment of part of the placenta, aided by pressure of blood-clot and uterine contractions, caused the whole placenta to be detached and to slip down or turn over

upon the os uteri. I have mentioned that I felt the placenta partly adherent; this adhesion was in all likelihood membranous. It is interesting in this case to find the second child alive, even though the placenta was so long on the bedside.

Thirdly, I have said that the placenta presented with the second child. I do not mean to say that these cases were such as are usually denominated placenta prævia, where the site of the placental attachment is partly or wholly over the os uteri, but only that a condition existed, belonging to both cases, viz.: that on examination there was extensive hæmorrhage, and a placenta occupying the os uteri.

Such cases as I have narrated are extremely rare: I have searched the works of numerous obstetricians, and have been unable to find such.

Dangerous as accidental hæmorrhage is, and more so accidental concealed, I should say that hæmorrhage arising from causes such as I have narrated is much more dangerous, because, when one child is in utero, we usually get good uterine contractions set up, and consequent closure of the mouths of the uterine sinuses; but, in cases of twins, there is often a considerable period of time between the birth of the first and the second child, and so we can easily see the extreme danger that might arise were the first placenta to become detached, and the uterine contractile action to cease. One can fancy with horror such a case.

Now as to treatment: I did not lose any time when the urgent symptoms were declared. In the first case, I "turned and delivered," giving ergot, and stimulating the uterus to contract by manual frictions over the abdomen. In the second, I followed Professor Simpson's plan, and detached the entire placenta, and followed out similar secondary treatment to that in the first case.—*American Journal of Obstetrics*, from *Transac. London Obstetrical Society*.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
F. B. GREENOUGH, M.D., SECRETARY.

MARCH 13th.—*Case of Uræmic Poisoning*. Dr. H. K. OLIVER reported the case.

Widow, æt. 53, nurse to an invalid gentleman for five or six years; work laborious; usual health good. In early part of January had what she supposed a series of

colds. Afterwards chilly, pains in back, loss of appetite and nausea, night sweats. Vomited first on 31st. Symptoms mentioned continued (as also the vomiting) daily, and took to bed on February 5th. On that day had a regular chill. Some increase of fulness and frequency of pulse. • Typhoid fever was suspected. No abdominal symptoms. Bowels costive rather than loose. Tongue moist, with some coating. On 7th, erysipelas of right side of face, spreading gradually to left side. Chills daily in afternoon, followed by excessive perspiration, without noticeable febrile stage, and lasting an hour. Sometimes two chills, with an interval of an hour. Vomiting once daily, though occasionally twice. Quinine given till specific effect, at end of two days, and kept up for three days more, without effect, the chills even appearing in forenoon. Great complaint of sleeplessness for two or three past nights.

16th.—None of the symptoms mitigated. Tinct. ferri muriat. given after quinine was given up. Began Fowler's solution at date.

18th.—Chills less severe. Bowels more free; otherwise as before. No letting up of sleeplessness or perspiration. Pulse still full, and 120 per minute. Tongue moist, but coated. Examination of urine to-day: acid and turbid; specific gravity 1012; albumen in considerable amount; casts in large quantity. Quantity of urine somewhat diminished. Drink cream-of-tartar water *ad libitum*.

19th.—No chill, but has felt chilly, and perspired a good deal. Took chloral in very small dose (about three grains), and slept a little. Feet and legs pit slightly on pressure. Joint of great toe of right foot red, tender and painful during past forty-eight hours.

20th.—Two light chills. Still vomits, but principally when hawking up phlegm, which seems to collect rather freely in the throat. Pulse 106.

21st.—Omit arsenic and give cream of tartar.

R. Tinct. digitalis, ʒi.;
" squills, ʒss. M.

Twenty drops every three hours.

22d.—Took 7½ grs. chloral, and reported no good sleep. Had yesterday A.M. (before taking chloral) palpitation of heart, which continued through the night. Pulse 112, regular, but of unequal strength. Tongue brown for first time. Still chilly, and has still occasional chills. Still perspires freely.

23d.—Great loss of power of left upper

and lower extremities ; none of face. Night restless. Bowels looser. Pulse 124, irregular and unequal. Less palpitation. Tongue dry and brown.

24th.—Unable to turn in bed. Red patch, two inches in diameter, on instep of right foot, tender on pressure. Pain in right eye, in which is noticed inflammation of conjunctiva. Flushes of heat complained of, but no chills or chilly feelings. Omit digitalis and squills, and give iron again. Continue cream of tartar.

25th.—Night quiet, apparently from great weakness; no sleep. No vomiting or chills, &c., except palpitation. Eye, and blush on foot, better. Pulse 126, irregular and unequal.

26th.—Little change, except greater weakness. Pulse regular, 126. Little sleep.

28th.—Somnolent all day yesterday; night restless. Still palpitation. Pulse 140, regular.

March 1st.—Some recovery of power of left side, but general weakness extreme. Quite somnolent. Continued to fail, and died March 4. No autopsy.

Dr. ELLIS spoke of cases of disease of the kidneys, where persistent nausea and vomiting had been the only symptoms of disease.

Dr. J. B. S. JACKSON asked if there had been no acute inflammation in Dr. Oliver's case to which the rigors might be referred. He spoke of the case of an elderly gentleman who had such marked rigors that it was supposed that the patient had intermittent fever; it was found, however, that they were due to an inflammation about the neck of the bladder.

Dr. OLIVER stated that at first he had supposed the rigors to be due to an erysipela-tous attack, but they persisted after the erysipelas had disappeared.

Dr. JOHN HOMANS said that the many cases of disease of the kidneys presenting anomalous symptoms, reminded him of a case that was supposed to be acute yellow atrophy of the liver. There had been much vomiting; towards the end, blood. At the autopsy, the kidneys were found to be granular.

MARCH 13th.—*Fatal Bright's Disease, with peculiar Symptoms.* Dr. ABBOT reported the case.

The patient was a young man, not far from 30 years of age, who applied to Dr. ABBOT on the 18th of January last, on account of symptoms from which he had been suffering since the 14th of that month. The patient ascribed them to drinking a few glasses of sherry during the evening of that day. On the following morning he

vomited on rising, and the same symptom had recurred each morning up to the date of application, accompanied by a persistent pain in the left temple, deficient appetite and impaired sight of the right eye. The sight of this eye was so much impaired that he found it difficult to read any except the largest print with it; and on two fingers being held up before him he said he could distinguish them, but only saw the upper half of them dimly; the pupil acted naturally, and there was no abnormal appearance about the eye to a common examination, nor any unusual sensation in it; the sight of the left eye was not affected. As the case seemed to be one of somewhat peculiar neuralgic affection, sulphate of quinine was prescribed. No relief having been experienced from this, three days after five grains of blue pill were given at bedtime, to be followed by a Seidlitz powder the next morning.

On the next day Dr. ABBOT was sent for to visit the patient at his own house, and found him suffering extremely from the pain in his left temple, and a continuance of the vomiting; the dimness of vision was increasing. On the next day the pain in the temple amounted to agony, having prevented sleep on the previous night. Dimness of vision was beginning in the left eye. Pulse quick, jerking, of moderate fulness; nothing abnormal about the appearance of the eyes; face not flushed, perhaps a little puffy about the left cheek. The suffering was so extreme that the question of venesection was seriously entertained, but the neuralgic element seemed so decided that it was determined to compromise by applying six leeches to the left temple. These drew well and the bites bled freely for an hour after they came off, but without the slightest relief to the pain. Chloral hydrate, in ten grain doses, repeated every two hours, gave complete relief in a few hours, and the severity of the pain did not return. The patient slept well on the following night. Nothing abnormal was noticed about the appearance or quantity of the urine. The nausea and anorexia, with the increasing dimness of vision, were the principal subjects of complaint, and the treatment was directed principally to meet these symptoms. The latter symptom persisting, and suggesting the possibility of some local effusion or other morbid condition of the brain, particularly as complaint was made occasionally of some dull pain in the occiput, iodide of potass was prescribed in two-grain doses every three hours, its effect being carefully watched. Not more than six

grains had been given when the parotid, submaxillary and sublingual glands began to swell and become quite tender. A large, tender papule appeared under the tongue on the frænum. The administration of the iodide was at once suspended. The glandular swelling increased rapidly, and was accompanied by a remarkable œdema of the neck, which became, in two or three days, so great as to fill up the whole space between the lower jaw and the chest, projecting on each side beyond the jaw and beyond the chin in front, and extending down the sternum to the ensiform cartilage, and across the front chest, gradually diminishing to the base. Upwards it extended to the eyelids, nearly closing them, and giving the patient altogether a most extraordinary appearance. At this stage of the case suspicion was excited for the first time of possible renal disease. On close inquiry, the patient stated that his back had been weak for perhaps six weeks before the commencement of the attack, making any effort at lifting a heavy substance difficult without producing a dull pain in the loins. This he ascribed to a possible strain, and he had therefore not thought much about it. Examination of the urine on the 28th of January showed it to be very pale and clear, nearly inodorous, of normal quantity, and feebly acid. Specific gravity 1010. It contained much albumen, the clot on standing being about a quarter of the whole quantity. A few scales of vesical epithelium and one doubtful hyaline cast was all that could be seen under the microscope.

The urine was subsequently examined almost daily up to the time of the patient's death, with precisely the same result on every occasion, except that there was never seen anything resembling a cast of any kind.

The extraordinary œdema of the face, neck and chest disappeared at the end of a week under the use of digitalis, and at that time, February 6th, Blancard's pills of iodide of iron were prescribed instead. On the 9th, the nausea being still very urgent, gallic acid was substituted for the iron. During this time, and up to the last thirty-six hours of the patient's life, the urine continued of fair quantity. No change in its physical character was produced by the gallic acid. During the last two days the patient was more or less delirious, at times violently so; no urine was passed for thirty-six hours before death, on the 16th of February. At this time the patient had become nearly totally blind, being only able to distinguish with difficulty the person of an individual standing near him, but not

the sex. There was no other dropsical effusion than that above mentioned.

Judging from the character of the urine in this case, and the absence of casts, it seems probable that the case was one of chronic Bright's disease, of indefinite duration. For several years previous to the fatal attack the patient had consulted Dr. Abbot at times for morning nausea and loss of appetite, which had generally yielded to blue pill followed by a saline laxative, and quinine subsequently. It seems quite possible that the kidney trouble was at the bottom of all these attacks.

Dr. WILLIAMS said that the diagnosis of Bright's disease was not unfrequently made by the ophthalmoscope. The alterations of the optic disk and macula are as characteristic of the disease as some of the symptoms of smallpox or measles.

Dr. WHITE showed, in illustration of a paper he had prepared upon the minute anatomy of those forms of cutaneous lesions known as papule, vesicle, and pustule, a section of a papule in eczema, of a vesicle in herpes zoster, and of a bulla in pemphigus.

In the *papule* the papillæ were seen to be widened and elongated in consequence of serous and cellular infiltration, while the bundles of fibrous tissue were pressed apart and swollen. The mucous layer above the papillæ was seen to be penetrated by numerous spindle-shaped cells.

In the *vesicle*, in addition to similar changes in the papillæ, the serous infiltration from their enlarged bloodvessels was seen to have forced apart the cells of the mucous layer above them, which are firmly attached to the corium, and to have drawn them out into thin threads as the epidermis was pushed upwards, which appeared like supporting columns of the roof of the vesicle, and formed its compartment walls.

In the last specimen, on the other hand, the blister was seen to be simple, its cover being composed of the uplifted horny layer, while its base consisted of somewhat elongated cells of the stratum Malpighii, above which flat and nucleated epithelial cells were laid.

DEATH OF M. LONGET.—This celebrated physiologist, member of the French Institute and of the French Academy of Medicine, died at the age of 68, at Bordeaux, a short time since. M. Longet is the author of works on the nervous system which explain many of his own discoveries.

Bibliographical Notices.

On the Wasting Diseases of Infants and Children. By EUSTACE SMITH, M.D., M.R.C.P.L., Physician to the North-West London Free Dispensary for Sick Children, &c. Second American, from the Second revised and enlarged English Edition. Philadelphia: Henry C. Lea. 1871. Pp. 266.

THE first edition of this admirable book was reviewed in a former number of the JOURNAL. The second edition is called for in order to correct inaccuracies and to make additions suggested by increased experience. Two new chapters have been added. In one will be found a description of mucous disease or mucous flux, so common among children, which in severe cases causes great disturbance and emaciation, and is often mistaken for tuberculosis. The other chapter contains special directions upon the feeding of children, and presents a series of carefully arranged dietaries suitable to infants and children of various ages, both in health and disease.

A Practical Treatise on the Medical and Surgical Uses of Electricity, including Localized and General Electrization. By Drs. GEORGE M. BEARD and A. D. ROCKWELL. New York: Wm. Wood & Co. 1871. Pp. xxxv. and 698.

THE treatment of diseases by electricity has been in the hands of charlatans quite long enough, and it is gratifying to see that electro-therapeutics is attracting more general attention in the profession. Several treatises have appeared lately on this subject, and this one is in some respects likely to be of more value to the general practitioner than most of the others. "The object of this work is to present, in a compact, practical form, all that is now known on the application of electricity to the treatment of disease." The first part is devoted to *electro-physics*, and is not unreasonably long, all the necessary information being condensed into 43 or 44 pages. The next division considers *electro-physiology*. The more important and well-established data are given in a few words so as not to confuse too much those who require only a working knowledge of the subject. Those who wish to master these two departments more thoroughly will have to refer to other works. Under *electro-therapeutics* is the usual description of apparatus and mode of

application of the induced and galvanic currents. The authors use only the terms faradic and galvanic to distinguish these two forms, and if all authors would agree to this the nomenclature would be much simplified. The chief excellence of the work is shown in this part in the careful and minute directions given for the application of the kinds of electricity, giving in more detail than most works on the same subject do rules in regard to the direction and the strength of the current, the length of sittings, frequency of applications, and the pauses to be made during the treatment. The care with which these rules are drawn up renders this work the more valuable for one who has no previous acquaintance with the subject, though necessarily it is not possible to satisfy all the questionings which arise when one first employs such an agent. One caution deserves to be remembered and continually borne in mind. "There is more danger that the currents used will be too strong than too weak. With beginners the tendency is to *overdo* electrization; the very frequent impression that the results will be in direct proportion to the strength of the current that the patient has nerve to bear, is sure to be dispelled by larger experience." The same caution is needed in regard to the length of the sittings:—"It is better to give much too little than a little too much."

General electrization is the peculiar province of the authors. They have reduced it to a more regular system, and have probably tried it intelligently in more cases than any other electrician. Their testimony of its merits is deserving of consideration, and undoubtedly many cases may be benefited by it which would not be affected by other methods. But it seems to us that they have given rather too wide a range to its usefulness, and that galvanization of the cord or of the sympathetic would in many cases accomplish the desired purpose at a less expenditure of time.

It is not unnatural that there should be a vein of partisanship running through what they have to say in regard to this method, and that they should seem sometimes to give undue prominence to it over the other methods. Our experience with it is, however, very limited, but the little we have seen of its effects has been so favorable that we shall continue to use it in cases which seem appropriate.

The directions for general electrization are as particular as one could wish in regard to all essential points.

A separate chapter is given to *electro-diagnosis*, and subsequently under most of the diseases a paragraph is given to the same, so that this division of the subject is quite fully considered.

The diseases for which electrical treatment is suitable are described, in some cases very fully, in others more briefly, and illustrative cases are given. The cases are not merely the successful ones, but those in which the electrical treatment was of no benefit are also recorded, and under the heading of prognosis the authors have given several short tabular statements of the number of cases they have treated with the result, whether successful or not. The authors have endeavored to say a little in regard to all the diseases and conditions for which electricity has been used. In consequence of this, it was necessary to describe briefly many diseases and curtail the records of cases where more detail would have been desirable; and many of the descriptions of diseases are too abbreviated to be of value for those not acquainted with their symptomatology and diagnosis; though as serving to point out definitely the classes of cases for which electricity is of use, they are full enough. Much might have been left out and the remainder more fully described with advantage.

The records of cases are the most interesting portions of these chapters, and will probably be of real service as guides to the use of electricity, especially as the unsuccessful cases are recorded.

A glossary and a very full index add to the value of the book. s. c. w.

Naval Hygiene. By JOSEPH WILSON, Surgeon U.S.N. With an Appendix:—*Moving Wounded Men on Shipboard.* By ALBERT C. GORGAS, Surgeon U.S.N. Published by order of the Navy Department. Washington, 1870. Pp. 234.

THE chief of the Bureau of Medicine and Surgery has caused the publication of this volume with the hope of making it useful to captains of vessels, to persons travelling beyond the reach of medical advisers, and to those, in general, in need of hygienic suggestions. For physicians the book is useful rather as a reminder of what every medical man *has* known, than as a means of promulgating new ideas.

It is filled with useful items of information concerning the hygiene of life on board ship; zoölogy; botany; and, especially, the various diseases, malarial and other, to which those are exposed whose home is on

the sea, or in foreign ports. The appendix treats of an apparatus for lowering wounded men through the hatch-ways of ships.

Chemistry: General, Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia. A Manual on the General Principles of the Science, and their applications to Medicine and Pharmacy. By JOHN ATTFIELD, Ph.D., F.C.S., &c. Philadelphia: Henry C. Lea, 1871. Pp. 552.

THIS volume is an American reprint of the second English edition, the chemistry of the U. S. Pharmacopœia having been amalgamated for the sake, it is presumed, of the author's trans-Atlantic readers. It is a comprehensive manual, compiled with accurate fidelity, adapted rather for use as a hand-book than as a book for reference and exhaustive study. "It differs from other text-books in these particulars: first, in the exclusion of matter relating to compounds which at present are only of interest to the scientific chemist; secondly, in containing the chemistry of every substance recognized officially (*sic*), or in general practice as a remedial agent; thirdly, in the paragraphs being so cast that the volume may be used as a guide in studying the science experimentally." Besides these characteristics, it possesses other essential features which sufficiently distinguish it from chemical text-books hitherto considered authoritative, and which place it in the new school of chemistry. A new nomenclature is substituted for the traditional forms; the antiquated and familiar names being rejected as "based on pure assumption." The notation is also changed so as to be in accord with modern theories. All chemical substances are studied as they exist either in the form of elements or of radicals; the latter being compounds of the elements and classified as either basylous or acidulous. A salt is no longer a "compound of an acid and a base," but means "any definite solid chemical substance, but more especially those which assume a crystalline form."

In thus pointing out some of the novelties in Prof. Attfield's chemistry, it is not intended to disparage the real merits of the work. There are many obvious points which specially commend it. It includes the description of the most recently discovered chemical compounds. At the end of each chapter is a series of questions, and at the end of the book a very complete index. In addition to the treatise on general chemistry, short chapters on medical toxicology,

cology and on the chemistry of morbid urine are introduced, and a section on quantitative analysis is at the end of the book.

If the plan of the work and its unfamiliar teachings in arbitrary chemical notation and nomenclature play sad havoc with notions formed originally at the expense of long and tedious application, it must still be remembered that this may be one of the manifestations of a healthful progressive tendency to which all science is subject and which is real conservatism. D.

Paralysis, and other Affections of the Nerves; their Cure by Vibratory and Special Movements. By GEO. H. TAYLOR, M.D. New York: Samuel R. Wells. 1871. Pp. 149.

THIS book is, as its title designates, simply an exposition of the movement cure, whatever that may be; it consists, not in any scientific description of the system or of paralysis, but of general rambling remarks on nervous diseases, interspersed with more fallacies than we have space to mention. A number of cases of disease are given, for which the same treatment is evidently employed, viz., *movement*; and, as no directions are given for its application, it is to be inferred that the advantages of the treatment can only be obtained at the establishment of the author—and advertiser.

Minnesota as a Home for Invalids. By BREWER MATTOCKS, M.D., President of the Board of Health, St. Paul; Physician to St. Joseph's Hospital. Philadelphia: J. B. Lippincott & Co. 1871. Pp. 200.

Minnesota; its Character and Climate. Likewise Sketches of other Resorts favorable to Invalids; together with copious Notes on Health. By LEDYARD BILL. New York: Wood & Holbrook. 1871. Pp. 208.

THERE is a good, hearty, healthy character in the very tone which pervades the whole of the first of these books—for, singularly enough, they have come to us together; it is just such a book as suggests recovery from phthisis, if recovery were possible, or at any rate a bent in the right direction if one were laboring under the malaise of the pre-tubercular stage.

"There is no disease," the author says, "which calls more loudly for room than consumption. AIR, boundless and pure, is the 'eau de vie' of the consumptive. As we write, we feel a certain enthusiasm in dwelling on a health resort, bounded only

by latitude and longitude, called by a soul-inspiring name, 'the great Northwest.' We write of the North-west quarter of the continent of North America, yet we limit the title of our work to Minnesota, as Minnesota is at present the only North-western State."

Albeit our friend has his occasional good-humored fling at New England, he takes occasion to wipe out an old saw supposed to be the birthright of every Bostonian, in claiming for Minnesota the title of the "Hub of the Continent."

The book of Dr. Mattocks is written in an excellent common-sense style. It is as readable as it is valuable and instructive. We are glad that he commences his work with three sensible chapters on consumption: its first stage, its cause, and its curability and treatment. Writers on consumption are too prone to commence the disease with the cough, the thoracic pains, the night sweats; forgetting that, at this time, the trouble is beyond control; inconsiderate parents ask if their friend's consumption is curable, and overlook the fact that their own children are in the pre-tubercular stage, during which alone the disease is amenable to treatment. We are glad that Dr. Mattocks dwells so long on this stage, and that in the following chapters his remarks bear out the modern views of the profession.

In succeeding chapters he discusses the physical peculiarities, the climate and its therapeutical effect, and devotes two other chapters to the conveniences of residence in Minnesota, and to the thousand answers to queries which are likely to be made. Altogether, we look on this little book as a valuable addition to our professional literature.

The book of Mr. Bill we suppose to be that of an invalid, himself in search of health in various parts of our country. It is a very different work from that of which we have already spoken, and, though it contains much which is of value in the way of information concerning Minnesota and other health resorts, it is not calculated to add much to our professional information. We do not know but it may help the trade of our druggists' shops, but we reluct at the advice which the author gives, "Never go without a chest protector. Considerable relief is afforded by the use of this convenient and inexpensive article." We cannot help being astonished at the anathemas hurled at pork as a diet, and the acumen which so definitely marks the origin of a dozen diseases, as shown by the following

paragraph : "Its use undoubtedly produces scrofula, salt rheum, tetter, ring worm, humors in the blood, rheumed eyes, enlarged glands, sore eyes, and lastly cancer. Almost any community in the South will afford several examples of one or all of these diseases, and all directly traceable to the excessive use of salt pork. In a somewhat sparsely settled neighborhood near central Georgia, known as Social Circle, a dozen cases of cancer alone can, in one form or another, be found, and that is one of the most salubrious sections in all the southern country."

The author touches very briefly on a dozen other resorts, giving a few unimportant facts in regard to each.

I.—*Analysis of four hundred and thirty-nine recorded Amputations in the contiguity of the Lower Extremity.* By STEPHEN SMITH, M.D.

II.—*Investigations upon the Nature, Causes and Treatment of Hospital Gangrene, as it prevailed in the Confederate Armies, 1861–1865.* By JOSEPH JONES, M.D., Professor of Chemistry in the Medical Department of the University of Louisiana, New Orleans; formerly Surgeon in the Provisional Army of the Confederate States. Edited by Prof. F. H. HAMILTON. New York: Published for the U. S. Sanitary Commission, by Hurd & Houghton. 1871. Pp. 580, with five plates.

THE Sanitary Commission has again placed before the profession another interesting volume of surgical memoirs. The monograph of Dr. Smith not only gives data of value concerning the cases quoted, many of them under his own observation at the Central Park Hospital, New York, but discusses in an excellent manner the various points naturally suggested, viz., operative or conservative surgery; the various methods employed by our surgeons for amputations of the lower limbs, with the ultimate results obtained; the comparative value of the operations at the ankle-joint, &c.

The report of Dr. Jones, on Hospital Gangrene, was drawn up for the use of the Medical Department of the Confederate States, and contains a vast amount of information, carefully collected and wisely utilized. That the material thus collated has been adopted by the Sanitary Commission as one of its memoirs, we consider very wise. We cannot, however, justify the evident want of good taste apparent in the frequent partisan expressions which should

not enter the mind of a professional man. The position of the surgeon should place him above the foibles of party spirit; he should see merely the patient and his disease, and not allow in his scientific work evidences of a spirit which savors more of warlike rancor than a professional spirit.

We regret we have no space to review this excellent work of Dr. Jones in a thorough manner. It is a faithful compilation from a vast amount of material; many cases are given, and conclusions are drawn therefrom which are both valuable and interesting. The history, the microscopical and chemical investigations of the disease, the causes, and the treatment of hospital gangrene, all receive a careful study and are ably discussed. A series of five plates completes the volume.

Proceedings of the American Pharmaceutical Association at the Eighteenth Annual Meeting, held in Baltimore, Md., September, 1870. Philadelphia: 1870. Pp. 352.

THE annual volume of the pharmacists comes to us somewhat late, but is none the less interesting. The first part contains the minutes of the sessions of the convention, and is well worth perusal. We are glad to see the subjects of pharmaceutical legislation, and an advanced standard of education brought prominently before the members. The President, in his annual address, urges attention to the relations which should exist between pharmacists and physicians. He says:—"I believe that the character and objects of our Association are not understood and therefore not appreciated by physicians, and that but little is known of the progress already made toward elevating our business to a professional standing. * * * We should * * * strive to place our kindred professions side by side in the work of ameliorating the sufferings of our race." He deprecates the custom of some universities and medical schools of giving special instruction in pharmacy, and then of granting the degree of Master in Pharmacy to those who have had no experience in the practical work of the shop, thereby unsettling the notions of what constitutes a pharmacist and depreciating the value of a diploma.

A number of special reports and essays follow, among which, as of special value, we may mention: "A Morphimetric Process for the Pharmacopœia," by William Procter, Jr.; "The Use of Wax, &c., in Suppositories," by Chas. L. Eberle; "Fluid

Extracts and their Menstrua," by Dr. Edward R. Squibb; "A Case of Poisoning by Aconite," by Dr. S. P. Duffield, &c.

An interesting addendum to the book is a collection of laws relating to the practice of pharmacy passed in the States of Rhode Island, Maryland and Pennsylvania during the year 1870. We hope that other States will not be backward in following so excellent an example.

Catalogue of the Past and Present Officers and Members of the Boylston Medical Society of Harvard University. Boston. 1871.

WE greet once more a new catalogue of our old friend, the Boylston, with its long list of names, coming down from the days when Enoch Hale, George Hayward and James Jackson, John and John C. Warren, Benj. Waterhouse, Jacob Bigelow and John Homans were medical students together, and numbering in its aggregate 777 members. In the names of the latest years we recognize some of the best of the present class, and we are confident that the Society is still in good hands and vigorous.

Codman & Shurtleff's Dental Catalogue. Boston. 1871.

WE find upon our table a volume of some one hundred pages issued by our friends, so well known to the medical and dental professions. It is finely illustrated, and gives evidence of the thrift which we are sure characterizes the firm whose name it bears. It will prove a useful book to our dental brethren in ordering their instruments.

Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 29, 1871.

ELECTRO-THERAPEUTICAL EXPERIENCES IN CASES OF GUN-SHOT WOUNDS.

MUCH has been written lately in regard to the various uses of electricity in medicine and surgery, and the increase of interest in this department of therapeutics is evident from the number of text-books which have appeared devoted exclusively to electro-therapeutics. We have lately seen a notice of a somewhat novel application of this agent, one of the benefits derived from

the experience furnished by the late war in Europe. Omitting the records of cases which are not necessary, we transcribe from the *Berliner Klinische Wochenschrift* for February 20th, 1871, Dr. Moritz Meyer's statements and conclusions in regard to the use of galvanism in cases of cicatricial contraction and stiffness of joints dependent on gun-shot injuries. The author's position and repute as an electrician render his observations the more valuable, as full reliance can be placed upon his accuracy and truthfulness.

The author has had an opportunity to test the value of electricity in the cases above referred to in 200 patients with various symptoms, such as paralyses of all the limbs, or of the legs alone, following concussion of the spinal cord by shot striking the vertebral column, or paralyses from contusion of nerves or their destruction, such as may occur from accidents in civil life. Passing by these, he considers more at length a class of gun-shot injuries apparently more trivial, but which, by the hindrance to motion which they cause, are followed by inability for labor. These are, 1. Cicatrices which, deeply implicating the muscular structure, more or less completely destroy the function of the muscles; 2. Contractions, in part from firm bandaging, in part from the direct injury of the flexors, especially the biceps brachii, in part caused by contusion of the nerves; 3. Gun-shot wounds of the bones which give rise to ankylosis and stiffness of the joints.

The influence of the constant (galvanic) stream is, in the above-mentioned cases, exceedingly interesting, often truly surprising.

First, as to the treatment of the muscles; often the application of the copper pole on the cicatrix, with the zinc pole either on the opposite side of the bone (so that the current will pass through the entire depth of the scar), or on a distant part of the muscle on which the scar is situated, causes a noticeable softening of the cicatrix; with the frequent repetition of this operation during 3-5 minutes, with a current which can be felt but is not painful, the irregularities disappear, exudations are reabsorbed, the cicatricial skin becomes smooth, of normal color, and gradually

forms a bridge which no longer hinders the motions between the interrupted muscular bundles. Those contractions which are caused by bandaging completely are dissipated in a few sittings under the influence of the copper pole ; those which are caused by cicatrices in the muscles or tendons, gradually disappear with the softening of the cicatrices ; and those caused by contusion of nerves and generally accompanied with anæsthesia of the skin, seem to yield most quickly with the zinc pole on the anæsthetic part of the skin and the copper pole on the scar and the contraction.

In the not uncommon cases in which the contraction is accompanied by hyperæsthesia of the fingers or toes, the zinc pole was placed on the plexus or nerve trunk implicated, the copper pole on the contraction and then on the hyperæsthetic part. Most surprising, however, was the influence of the constant stream on the bones displaced by shot which penetrated them. While chronic peritonitis, scrofulous displacements of the bones, &c., are reduced only very slowly by the constant stream, the periostitis caused by gun-shot, as if the bones were swollen, disappears very quickly, and in a few minutes a visible and perceptible diminution of the swelling is often obtained.

RETIREMENT OF DR. BEACH.

WITH the present number of the JOURNAL, Dr. BEACH closes his connection with its Editorial department. In thus parting with our Junior Editor, we lose the services of one who has always taken a lively interest in the JOURNAL, whose labors in his own department, and, during our occasional absence, in its entire Editorial management, have materially lightened our own, and whose occasional articles we are sure have met the approval of his professional brethren.

In closing this volume, we also feel it a privilege, as it is duty, to present our acknowledgments to contributors, correspondents and friends for many favors which have made our Editorial position at once an easy and pleasant one. We wish especially to express our indebtedness to Dr. F. W. Draper, of Boston, for much valuable assistance, a continuance of which is hoped for.

At the request of Dr. Beach, we gladly give place to the following note:—

In retiring from the position of Assistant Editor of this JOURNAL, I beg leave to express my appreciation and thanks for the sound advice, courtesy and kind assistance with which my professional friends have favored me while holding the office.

HENRY H. A. BEACH.

JEREMIAH WHIPPLE, M.D.—The recent death of Dr. WHIPPLE, at Arcachon, in France, is a source of painful regret to a large circle of friends. The first symptoms of his disease appeared several years ago, while he was a student of medicine, in the form of alarming pulmonary hæmorrhages ; and although he rallied in a surprising manner from several of these attacks, and gave promise of recovery, his malady continued to advance, and its fatal tendency became evident nearly a year before he died. His state of health led him to observe with care the effect of the climate of the South of France upon pulmonary disease, and the readers of the JOURNAL will remember his interesting and valuable papers on the city of Pau and the Springs of Cauterets as health resorts, which were printed in these pages. Had his life been spared he would have contributed largely to our knowledge of the effects of climate in the treatment of disease. His intelligence, good perceptive powers and excellent judgment would have made him an eminent authority and a successful practitioner.

Those whose good fortune it was to be his patients will remember the skill and devotion with which he ministered to their sufferings. His peculiar charm of manner, delightful conversation, playful humor and great kindness of heart endeared him to all who were so fortunate as to know him. M.

We gladly give place to the following correspondence, which is taken from the Philadelphia *Medical and Surgical Reporter*:

{ PHILADELPHIA HOSPITAL,
Philadelphia, Pa., May 25, 1871.

CALVIN ELLIS, M.D.,
Dean of Medical Department,
Harvard University.

Dear Sir,—At a meeting of the Philadelphia Hospital Medical Society, held May 20, 1871, it was

Resolved, That the adoption of a three years' course of study in medicine by Harvard University is an encouraging advance toward a higher medical education throughout the whole country ; and

Resolved, That the congratulations of this Society be tendered to Harvard University for this step. Respect'y yours,

S. D. DAVIS, ROBERT D. MURRAY,
Vice President. Secretary P.H.M.S.

(Answer.)

{ MED. DEPART., HARV. UNIVERSITY,
Boston, Mass., June 3, 1871.

R. D. MURRAY, M.D.,
Secretary P.H.M.S.

Dear Sir,—The Faculty of the Medical Department of Harvard University acknowledge with pleasure the receipt of the resolutions of the Philadelphia Hospital Medical Society in regard to the recent change in the plan of instruction. Believing that the step taken is a very important one, they fully appreciate the recognition of it by those who are interested in the advance of medical education.

Respectfully yours, C. ELLIS, M.D.

EXPERT OR WITNESS.—We commend to attention the action of Dr. Carleton in the item which we clip from a Norwich paper. If we mistake not, the same issue has come up in our Massachusetts courts, as it has in those of other States.

A case of domestic infelicity, a husband charged with an attempt to poison his wife, was brought before a justice in Norwich.

The accused was arrested in the winter of 1870 on a similar complaint, but was discharged for the want of sufficient evidence. Within the last week it is alleged that he again attempted to free himself of his wife, giving her arsenic in a cup of tea. Dr. C. M. Carleton being called upon to testify, declined to do so as an expert—offering to give his testimony of the facts of the case within his personal cognizance, but refusing that which involved professional knowledge and experience, without remuneration. The justice threatened to commit him for contempt of court, to which the doctor cheerfully expressed his willingness to suffer in a good cause, at the same time denying the power of the court to compel him as an adept to give on the witness stand his capital—i. e., his professional knowledge—without payment therefor, adding that in at least three States physicians had brought the question to an issue successfully, and that he not having found the business remarkably profitable on the ordinary witness fees was willing to test it in Connecticut. The justice then decided to take the testimony only on the facts, which was given; but subsequently P. B. Greene saying that the case had occasioned the town considerable expense, and that he

would like it disposed of, Dr. Carleton consented to testify as an expert in this case, and was recalled. His testimony referred mainly to analyses made by him of ejections from the woman's stomach, in which arsenic was detected, and upon the symptoms of arsenic poisoning generally. The accused was bound over to the Superior Court.

HYDRATE OF CHLORAL.—The past six months have produced a multitude of articles bearing upon the therapeutic value of this recent addition to *Materia Medica*.

Prof. S. G. Armor (*Michigan University Medical Journal*) gives the following conclusions in regard to its action. We give them entire, as they seem to us, in the main, to be very just:—

1. Although a valuable sedative in cases of morbid wakefulness and general irritative action of the nervous system, it cannot always be relied on as a substitute for many of the old and well-tried anodynes and nervines of the *Materia Medica*.

2. In a certain proportion of cases it produces unpleasant symptoms, such as gastric distress, difficult breathing, partial paralysis of the organs of deglutition, great restlessness, and sometimes coma. These are largely exceptional, however, to its general action.

3. These unpleasant symptoms are, in many cases, obviated by administering an opiate in small sustaining doses to the nervous system before administering the chloral—say one-twelfth of a grain of morphine, or its equivalent of some other preparation of opium. The action of small stimulating doses of opium, administered twenty or thirty minutes before the chloral, appears to be antagonistic to its sometimes depressing effects.

4. The action of chloral is somewhat peculiar on the brain: it intensifies the action of alcohol by adding to its intoxicating properties. Great care should be exercised, therefore, in administering both agents at the same time, and in administering chloral with chloroform or ether.

5. It also intensifies the action of the so-called "*delirients*" of Headland, namely, belladonna, hyoscyamus and stramonium. Full doses of neither of these articles should be administered with full doses of chloral.

6. It is very sensitive to certain chemical reagents, especially those of organic origin. It should not, therefore, be allowed to stand long dissolved in syrups; nor should it be combined in any mixture containing organic matter. It should be dissolved in simple

water, and, like all salines which act by absorption, should be well diluted either before or after taking.

7. It should never be administered on a full stomach, neither an empty one; intermediate periods are better. A good rule is, to select a period when the stomach is empty, and have the patient take a small crust of bread, or a cracker, ten or twelve minutes before taking the chloral.

8. Its action is somewhat transient. In two or three hours the dose must be repeated if the first produces no effect, or if we desire to protract the action of the drug. In urgent cases two or three doses can be administered at shorter intervals.

9. The dose varies in proportion to the amount of irritability, or morbid wakefulness. Eight or ten grains, repeated every hour, or a larger amount every two hours, until twenty or thirty grains are taken, is usually sufficient to secure the specific action of the drug; although in severe cases much larger doses may be administered with safety. In a severe case of delirium, occurring during the progress of a continued fever, in which all the usual resources for securing sleep had failed, I advised that the patient take a drachm of the chloral at one dose. It had no other effect than that of producing quiet and refreshing sleep. The patient had taken several twenty-grain doses without any effect. These large doses, however, are not advisable, and should never be resorted to except in desperate cases, when other means and smaller doses had failed.

10. The protracted use of the drug is not advisable. It should be prohibited. It weakens the general vital forces, destroys the healthy tone of the nervous system, and tends to the production of anæmia.—*N. Y. Med. Jour.*

THE ADMINISTRATION OF HYDROCHLORATE OF QUININE IN WHOOPING COUGH.—Dr. Breidenbach, in a short paper that has been kindly forwarded to us by Prof. Binz, remarks that the frequent failure of all forms of treatment in this disease leads him to call the attention of practitioners to a remedy, which, in a violent though not widely-spread epidemic that fell under his notice last year (1870), proved of extreme service. This remedy is hydrochlorate of quinine. In all pure cases (he has had, he states, no opportunity of observing complications) its effects were really surprising, as soon as he had from precise observations determined the exact dosage; and in this, he thinks,

lies a great part of the success he has obtained. The doses should be relatively large, larger even than those recommended by Prof. Binz. The amount administered in the cases under his observation, the age of the subjects varying from three weeks to eight years, and the violence of the attack also being very different in different cases, varied from $1\frac{1}{2}$ to $15\frac{1}{2}$ grains per diem. No other means than the quinine were employed, and some of the children, on account of poverty, were freely exposed to the injurious influences of the weather. There appear to be no contra-indications to its use, and no toxic influences were observed. The action of the drug may be regarded as prompt. In the most serious cases, after the use of the remedy for forty-eight hours, the frequency and violence of the attacks began to diminish. To prevent relapses he continued the use of the hydrochlorate for some time in smaller doses.—*London Practitioner.*

MEETING OF THE OHIO AND KENTUCKY STATE MEDICAL SOCIETIES.—The twenty-sixth regular annual meeting of the Ohio State Medical Society convened in Cincinnati on the 4th of April, and continued in session three days. In many respects it was the best meeting of the Society ever held. There was the largest attendance; an unusual contribution of carefully prepared papers, as well as other useful business. There was no disturbing element in any shape.

The meeting was convened in advance of the usual time in June, to accommodate the meeting of the Kentucky Society at Covington, and thus secure an opportunity for mutual intercourse and acquaintance. This was enjoyed to a good degree. Formal committees from both sides made the usual speech-making visits; but it was all brief, and free from stiffness or formality.

Tuesday evening, the profession of Cincinnati gave a banquet, at Hopkins' Hall, to the two Societies.

On Wednesday night, the Covington and Newport profession entertained the two Societies at Odd Fellows' Hall. There was a generous rivalry between the two sides of the river as to who should most cordially and graciously receive the guests from the two States.—*Cincinnati Lancet and Observer.*

SMALL POX STATISTICS received from London show gradual decrease of mortality from that disease.

Medical Miscellany.

BOYLSTON MEDICAL PRIZES.—The attention of readers is called to the advertisement of the Committee of the Boylston Prizes on the last page of our advertising sheet. The following are the questions proposed for 1872:—

I. The Pathology of Malignant and Semi-malignant growths.

II. The Pathology and Treatment of Stroke.

The following are the questions proposed for 1873:—I. Electro-therapeutics. II. The Value of Chemistry to the Medical Practitioner.

In the Venetian Venereal Dispensary the treatment of venereal ulcers is exclusively local. In those which have a large base, and are hard, sluggish and phagedenic, the best results have been obtained from the application of powdered camphor. The internal use of a solution of the tartrate of iron and potash frequently hastens the cure.—*Giornale Veneto di Scienze Mediche.*

ON THE CAUSE OF THE SPECIAL GRAVITY OF ANTHRAX AND BOILS OF THE FACE. By M. G. REVERDIN.—The author treats his subject in a complete manner from historical, anatomical and clinical points of view. A case in which the microscopical examination was made with the greatest care, demonstrated to M. Reverdin traces of phlebitis extending to all the veins of the face. Taken in connection with several analogous facts, this case permits the author to conclude that the gravity of anthrax of the face is due to phlebitis, which, originating in the focus of the anthrax, is propagated to the face, neck, and even further, and penetrates by the ophthalmic vein into the cavernous nerves. In a case reported by M. Reverdin, he found suppurative phlebitis of the internal jugular vein, and metastatic abscesses of the lungs and one kidney.—*Archives Générales de Médecine.*—*Half-Yearly Abstract of the Medical Sciences.*

CONCEALED VASCULAR TUMOR OF THE FACE.—Dr. M. Townsend reported at the clinic of Prof. Gross, Jefferson Medical College, May 15, 1871, as published in the *Medical Times*, the case of a patient, aged 54, who had had a tumor on his face for upwards of a year, supposed to be sebaceous, having the feel and external characteristics of a growth of this kind. On cutting into it, however, it proved to be a vascular tumor, and some little time was occupied in controlling the resulting hæmorrhage. Needles, armed with strong ligatures, were passed crucially under the mesh of arteries and veins, and the growth was then, subcutaneously as it were, thoroughly ligated.

Such affections as these are generally congenital. These tumors exhibit considerable variety of structure, being sometimes essentially composed of veins, sometimes of arteries, and sometimes nearly equally of arteries and veins. When the tumor is arterial, it generally pulsates synchronously with the left ventricle of the heart.

NITRIC ACID IN BRIGHT'S DISEASE.—Dr. May Figueira, Physician to the Royal Hospital of St.

Joseph, at Lisbon, has found great benefit from the use of pure nitric acid mixed with water (as lemonade) in Bright's disease. He gradually increases the dose to twenty-four and thirty drops four times a day.—*Medical News.*

TO CORRESPONDENTS.—Communications accepted.—Toxical Effects of Hydrate of Chloral when persistently used as a Hypnotic, and Fatal Effects of large Doses.—Amputations at the Knee-joint.—A Case of Double Monstrosity; Union upon the Anterior Median Line, from Clavicle to Umbilicus.—A Case of Poisoning by Stramonium.—Foreign Correspondence.—Statistics of the Medical Profession in the United States.

PAMPHLETS RECEIVED.—Human Locomotion; How we Stand, Walk and Run. By Burt G. Wilder, S.B., M.D., Professor of Comparative Anatomy and Zoology in Cornell University. Pp. 18.

ERRATA in address of Anniversary Chairman in last week's JOURNAL. Large "C" in Cochituate instead of a small one; "se" instead of "ci" in "counselor" and "counsels"; "long ago anticipated" in place of "long anticipated"; "nature in (instead of and) disease"; "strongly (not stoutly) developed thought"; "Isles" instead of "isle"; paragraph at "we have claimed" and not at "we may conclude."

MARRIED.—At Lawrence, 14th inst., Dr. J. W. Crawford, of Lawrence, to Carra R. March, of Boston.

DIED.—At Salem, 24th inst., while on a visit, Cyrus Briggs, M.D., of Augusta, Me.

Deaths in eighteen Cities and Towns of Massachusetts for the week ending June 24, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	100	Consumption 42
Charlestown	8	Pneumonia 14
Worcester	15	Cholera infantum 11
Lowell	20	Scarlet Fever 8
Milford	6	
Chelsea	6	
Cambridge	15	
Salem	8	
Lawrence	8	
Springfield	9	
Lynn	9	
Fitchburg	5	
Taunton	8	
Somerville	6	
Newburyport	5	
Fall River	9	
Haverhill	4	
Holyoke	6	

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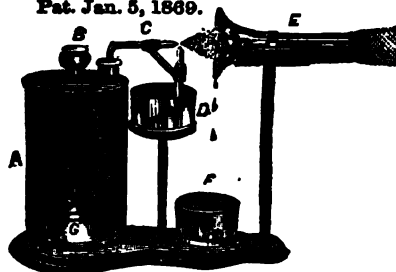
Five deaths occurred from smallpox; four in Lowell and one in Holyoke. GEORGE DERBY, M.D., Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, June 24th, 100. Males, 51; females, 49. Accident, 6—apoplexy, 2—inflammation of the bowels, 3—bronchitis, 2—inflammation of the brain, 1—congestion of the brain, 1—disease of the brain, 2—cancer, 2—cholera infantum, 4—consumption, 18—convulsions, 1—croup, 3—debility, 4—diarrhoea, 3—dropsy of brain, 1—drowned, 3—diphtheria, 1—erysipelas, 1—scarlet fever, 1—typhoid fever, 2—bilious fever, 1—gastritis, 1—disease of the heart, 5—insanity, 1—intussusception, 1—disease of the kidneys, 2—disease of the liver, 1—inflammation of the lungs, 3—laryngitis, 1—marasmus, 2—measles, 1—old age, 4—pleurisy, 1—premature birth, 4—rheumatism, 1—disease of the spine, 1—stricture, 1—ulceration of the bowels, 1—teething, 1—unknown, 6.

Under 5 years of age, 29—between 5 and 20 years, 12—between 20 and 40 years, 20—between 40 and 60 years, 20—above 60 years, 19. Born in the United States, 70—Ireland, 20—other places, 10.

LEACH & GREENE'S IMPROVED STEAM ATOMIZER.

Pat. Jan. 5, 1889.



A, metal case containing copper boiler and lamp G for generating steam. B, safety-valve and tube for supplying boiler with water without removing atomizing tubes. C, glass atomizing tubes with flexible metal connections, giving increased strength and allowing adjustment of the points. D, medicine cup. E, glass face shield. F, cup to catch drippings from face shield. G, lamp.

We have entirely remodelled our former apparatus, making several important improvements, and we now offer it to the profession as the cheapest, most durable and efficient apparatus in use. Every part is constructed with the utmost care from the best materials, and is tested by us personally. Leach's Improvement in Atomizing Tubes, for which a patent has been granted, possesses decided advantages over any in use. This improvement secures the glass tubes from movement in the flexible metal connections, which allow adjustment of the points, and render them less likely to break.

Price of Improved Steam Atomizer, complete, \$4.

The Spray Producer, or Instrument for Local Anæsthesia.

A modification of Richardson's original instrument, applicable for Freezing, with Ether or Rhigolene, as for Inhalation in diseases of the Throat or Lungs.

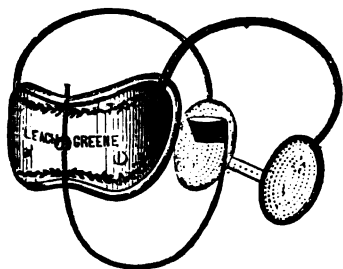
Price of Apparatus, with extra large Bergson Tube, \$5.

Dr. Clark's Atomizer, consisting of two glass Bergson tubes, with metal connections and flexible rubber bulbs, operated by the hand, neatly packed in box. Price \$3.50.

A New Apparatus for Inhaling Chloride of Ammonia in its pure or nascent state, as described in Braithwaite for January, 1868. In neat black walnut case. Price, \$5.

Thudichum's Nasal Douche, for the Treatment of Diseases of the Nasal Cavity Packed in box, with two nozzles. \$2.

UTERINE & ABDOMINAL SUPPORTER COMBINED.



A most effectual Apparatus for the relief of

PROLAPSUS UTERI.

The cup is of Hard Rubber, supported by a flexible wire electro-plated with gold, is free from liability to corrosion, will not irritate, can be moulded to fit the form of the Pelvis.

PRICE, \$10.

☞ We have in store a new and carefully selected stock of

SURGICAL INSTRUMENTS,

of the best quality and finish. The latest improvements and new inventions constantly added.

Liebreich's Ophthalmoscope,	\$7 00	Hypodermic Syringes,	\$3 50 to 5 00
Stielwag's "	18 00	Fever Thermometers,	3 00
Laryngoscopes, complete,	\$14 to 16 00	Cammann's Stethoscopes, Disarticulating,	7 00
Simple Throat Mirrors,	1 00	Barnes's Dilators, each,	1 50
Endoscopes,	30 00	Lente's Intra-Uterine Caustic Instruments,	1 25 to 3 50
Surgeons' Pocket Cases,	\$10 to 36 00	French Rubber Urinals, with valves, male, for night or day,	\$6 00
Amputating "	\$20 to 32 00	The same, female, for day only,	4 00
Compound Operating Cases,	\$45 to 200 00	Carbolized Sponge Tents, coated with Cocoa Butter, thus preventing the disagreeable odor arising from the retention of the ordinary kind, per dozen,	\$3 to 4 00
Post Mortem Cases,	\$12 to 25 00		
Eye Cases,	\$12 to 75 00		
Bowman's Probes, per set,	3 00		
Williams's Modification of same, per set,	3 00		

BOSTON SPECULUM (Dr. H. R. Storer's modification of Cusco's Speculum), \$6.

ELASTIC HOSE—A large assortment constantly on hand; also made to measure when required. Trusses, Supporters, Shoulder-Braes, Suspensories, Syringes, Catheters, Bougies, Sayre's Splints, Galvanic Batteries, Crutches, &c. &c.

☞ Special attention paid to the manufacture and application of Orthopædic Apparatus.

LEACH & GREENE,

Manufacturers and Dealers in Surgical Instruments, Elastic Hose, Trusses, &c.

1 Hamilton Place, opp. Park St. Church,

Boston, Mass.

CODMAN & SHURTLEFF'S

APPARATUSES FOR

Atomization of Liquids for Inhalation, Local Anæsthesia, &c.

By the Atomiser any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air cells, thus opening a new era in the treatment of all diseases of the Throat and Lungs.

The Complete Steam Atomizer for Inhalation, &c.

Will be sent by mail(post-paid) on application.

A PAMPHLET

containing two articles, by distinguished foreign authority, on "*Inhalation of Atomized Liquids*," with formulae, and those successfully employed. Also an article, by Dr. J. L. W. THURDISON, M.R.C.P., on "A New Mode of treating Diseases of the Nasal Cavity," with his formulae. Also an illustrated description of the *best apparatus* for the above purposes, and for producing LOCAL ANESTHESIA by Atomization with Ether, by the method of Dr. RICHARDSON, of London; or with Rhigolene, as described by Dr. HENRY J. REES LOW, in the Boston Medical and Surgical Journal of April 19, 1890.

All our Atomising Apparatus is made with the utmost care, with a view to its complete efficiency, convenience and durability, and every one is warranted. A Gold Medal has lately been awarded us by the Middlesex Mechanics' Association for Atomising and Surgical Instruments, as will be seen from the following report, signed by a leading New-Roads Surgeon and Physician :

"1503. CODMAN & SHURTLEFF, Boston, Mass. One Case Surgical Instruments and Atomizers.

"The Committee have no hesitation in awarding for this superb exhibition the highest premium. * The various other instruments for Inhalation of Atomized Liquids, and for Local Anesthesia, were all apparently faultless, both in design and workmanship. The exhibitors are regarded as more especially deserving of the highest token of merit for having produced nothing except of their own manufacture. Gold Medal.

(Signed) **GILMAN KIMBALL, M.D., Chairman.**"

Also by the Mass. Charitable Mechanics' Association—Exhibition of 1869.—A SILVER MEDAL, the highest medal awarded for Surgical Instruments.

ALSO FOR SALE:

*Cammann's Stethoscopes,	Disarticulating,	\$7.00
" "	with Adjustable Ear Pressure	8.50
*Knight's Modification		9.50
Brown's Universal Tractors, each		
Bigelow's Polypus Forceps.		
" Needle		
" Tourniquet.		
Beach's Needle Forceps.		
Warren's Uterine Diagnosticator.		
Simple Throat Mirrors		
Ophthalmoscopes, Liebreich's,		5.00
Holt's Dilator, improved		
Barnes' " set of three, with Inflator and Stopcocks		
Large Ear Mirrors, Treibschke's	4.50 to 5.	
Tynderemic Syringes	3.50 to 14.0	
*Miller's Intra-Uterine Scarificator, in case (post-paid)		7.00
Pinkham's Improved Uterine Scarificator, in case,		8.00
Lente's Intra-Uterine Caustic Instruments	1.25 to 3.50	
Sponge Tests, plain and carbolicized, each		.25
*Dr. Cutter's Retroversion and other Pessaries		3.00
French Rubber Urinals, with valves, male, for night or day,		6.00
" " male, day only,	2.50 to 4.00	
" " female,		3.00
Vaccine Virus, warranted, 10 quills		1.50
1 Crust		3.00
*Vaccinators, Whittemore's Patent Automatic, for Crust or Lymph fresh from the arm—Instantaneous, certain and almost painless (post-paid)		3.00
Powder Syringes		2.00
Laryngoscopes, complete,	18.00 to 25.00	
Dr. Oliver's Laryngoscopic Lantern		4.00
The same with Auto-Laryngoscopic Attachment		5.00
The same with ditto and three Laryngoscopic Mirrors in case		9.00
Dr. H. B. Storer's Combined Speculum		1.00
Gallie's Electro-medical Apparatus		6.00

Send for Descriptive Circular.

Apparatus for Paracentesis Thoracis; approved by Dr. Bowditch and accompanied with directions kindly furnished by him.

☐ Instruments made to order, Sharpened, Polished and Repaired.

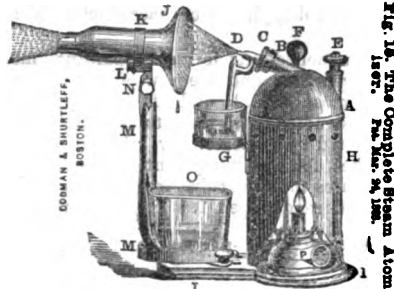


Fig. 16. The Complete Steam Atomizer. Pat. Mar. 24, 1888.

The waste-cup, medicament-cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.

It cannot be injured by exhaustion of water, or any attainable pressure of steam.

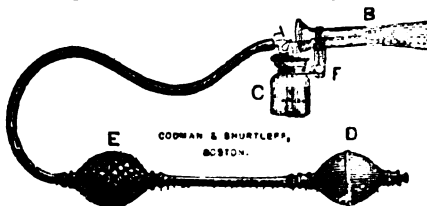
It does not throw spirits of hot water, to frighten or scald the patient.

Is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will tender the best of service for many years, and is cheap in the best sense of the word.

Price, \$6. Neatly made, strong, Black Walnut Box, with convenient handle, additional \$2.50.

Fig. 5. Shurtleff's Atomising Apparatus.

Figure 2. Enrichment of $\delta^{15}\text{N}$ in the NH_4^+ pool.

For Inhalation, and with suitable tubes, for Local Anesthesia, and for making direct local applications of atomized liquids for a great variety of purposes. [See our Pamphlet.]

The most desirable Hand Apparatus.

Rubber warranted of very best quality. Valves of hard rubber, every one carefully fitted to its seat, and work perfectly in all positions.

The Bulbs are adapted to all the Tubes made by us for Local Anesthesia in Surgical Operations, Teeth Extraction and for Inhalation. *Price, \$4.50.*

Each of the above Apparatuses is supplied with two carefully made annealed glass Atomizing Tubes, and accompanied with directions for use. Every Steam Apparatus is tested with steam, at very high pressure. Each Apparatus is carefully packed for transportation, and warranted perfect. Also,

Two Borosil Atomixers—with two glass atomizing tubes. **\$8.00**

THE BOSTON ATOMER, with two glass atomizing tubes,	\$2.50
THE TREMONT ATOMER, with two glass atomizing tubes,	2.50

NICKEL PLATED TUBES, for Local Anesthesia and for Inha-	
lation, each	2.00

<p>ETHIOLENE, for Local Anesthesia, best quality, packed,</p>	1.00
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NASAL DOUCHE, for Treating Diseases of the Nasal Cavity,
eight different varieties, each with two Nozzles, packed,
\$1.00 1.50 1.75 2.00 2.50 and 3.50

N. B. To save collection expenses, funds should be sent with the order, either in form of draft, post-office order, or registered letter.

53 For complete illustrated price-list of Apparatus, Tubes, &c., see pamphlet.

CODMAN & SHURTLEFF.

Makers and Importers of Surgical and Dental Instruments

13. & 15 TREMONT STREET, BOSTON

Jan. 21—cont.

E. FOUGERA, Importing Pharmacist,
No. 30 North William Street, New York.

LIEBIG'S EXTRACT OF MEAT

OF



LA PLATA.

PREPARED BY

A. BENITES & CO.,

BUENOS AYRES,

SOUTH AMERICA.

This Extract is a *pure Extract of Beef*, unsurpassed in quality, free from fat and gelatine, each pound of which contains the soluble nutritive constituents of 84 to 86 pounds of the finest beef, exclusive of bones and fat, corresponding to about 45 pounds of good butchers' meat. As a medicinal agent it will be found of great value to the Sick, Invalid, and persons and children of Weak Constitutions, but its most extensive use is for domestic purposes.

It will keep unaltered for years in any climate, and will recommend itself at once for its purity, its permanency and cheapness.

Physicians, by ordering Liebig's Extract of Meat of La Plata, may rest assured of having the purest Extract of Meat that can be prepared.

BLANCARD'S PILLS

OF UNCHANGEABLE IODIDE OF IRON.

BLANCARD'S Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well-deserved favor among Physicians and Pharmacutists. Each pill, containing one grain of Proto-Iodide of Iron, is covered with finely pulverized Iron, and coated with balsam of Tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, a green label bearing the following inscription:

GENERAL DEPOT IN THE U. S. AT
E. & S. FOUGERA, N. Y.

and the fac-simile of

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BOUDAULT'S PEPSINE,

And Wine, Elixir, Syrup, Pills and Lozenges of Pepsine.

BOUDAULT'S Pepsine is the most reliable, the only one used in the Hospitals of Paris, and recommended by Professors Wood and Bache (see American Dispensary, 11th edition, pages 1479-1480). BOUDAULT'S Pepsine is sold in powder (in 1, 8, and 16 ounce bottle). The dose is 15 grains 2 or 3 times a day, at meal time.

It is used with great success for *Dyspepsia, Gastralgia, Slow and Difficult Digestion*, following fevers, and also for *Consumption* and other *Chronic Diseases*. *Debility of the Stomach* from old age or abuse of liquors is relieved by it, and it is invaluable as a corrective of *Vomiting during Pregnancy*.

PENNES' SALT, FOR BATHS.

A substitute for sea and mineral baths. *Tonic, Stimulating and Resolvent*. Used by over one hundred physicians in the hospitals of Paris, in Skin Diseases, Nervous Affections, Anemia, Chlorosis, Gout, Rheumatism, Sciatica; also, Colics, Cholera Morbus and Gastric Affections.

CAPSULES RAQUIN.

(Approved by the Academy of Medicine of Paris.)

Copaiba pure—Copa. and Cubebs—Copaiba and Iron—Copaiba and Matiao.

Their prompt solubility in the stomach insures their superiority over other Capsules of the sort. They cause no unpleasant eructations. Dose—Four to six capsules three times a day.

This injection, approved by several Academies of Medicine, is so well known for its sure and prompt action, that it is

INJECTION-BROU

called INFALLIBLE. It is used without any internal remedy, and enjoys a world-wide renown.

GRIMAULT & CO.'S PHARMACEUTICAL PRODUCTS,

Prepared with the most scrupulous care, under the immediate supervision of Prof. Leconte, M. D. Pharmacist of the First Class, Ex-Preparator of the course of Physiology, at the College of France.

E. FOUGERA, New York, General Agent for the U. S.

GRIMAULT'S MEDICINAL PEPSINE. IN POWDER.

The therapeutical value of this Pepsine in all disorders of the stomach, resulting from the inability of this organ to digest and assimilate food cannot be overestimated. It is used daily with great success in *Dyspepsia, Slow and Difficult Digestion, Gastralgia, Debility of the Stomach*, from old age or from abuse of liquors, and in *Vomiting during Pregnancy*. Physicians will please notice that GRIMAULT'S PEPSINE may always be relied upon. Its digestive power, being physiologically tested by Mr. Leconte, late assistant to Claude Bernard, is always the same.

DR. LERAS' PHOSPHATE OF IRON, In Solution, Syrup or Sugar Coated Pills.

A pleasant combination of Pyrophosphate of Iron and Soda, colorless and tasteless. It is readily assimilated and used with great success in *Chlorosis, Anæmia, Dysmenorrhæa, etc.*, replacing all other ferruginous preparations. It never causes constipation.

SYRUP OF HYPOPHOSPHITE OF LIME, DR. CHURCHILL'S PRESCRIPTION.

Prescribed by the most distinguished physicians for *affections of the lungs, Phthisis, etc.* Each tablespoonful contains two grains of the pure hypophosphite.

Also Syrup of Hypophosphite of Soda, of Iron, and of Manganese.

IODISED SYRUP OF HORSE RADISH.

A pleasant substitute for Cod Liver Oil, prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodine, so intimately combined as to be insensible to the action of starch.

GRIMAULT'S INDIAN CIGARETTES.

Prepared from the Resin of Cannabis Indica.

Asthma, Bronchitis, Loss of Voice, and other affections of the respiratory organs, are promptly cured or relieved by the use of these cigarettes.

GRIMAULT'S GUARANA.

Prepared from the *Paulinia Sorbilis* of Brazil. It is a sovereign remedy in *Headache, Neuralgia, and Diarrhæa*.

GRIMAULT'S MATICO INJECTION AND CAPSULES.

A new preparation of the leaves of Matico, of more certain effect than most of the medicines recommended for the same class of diseases. The capsules contain the essential oil of Matico, combined with the balsam of Copaiba, and do not cause any unpleasant eructations. The injection is prepared with distilled water saturated with Matico.

GRIMAULT'S SYRUP OF PERUVIAN BARK AND IRON.

This new combination unites, in a small volume and an agreeable form, two elements which have never before been blended—Red Peruvian Bark, the best of tonics, and Iron, which forms the base of the blood. It is especially suitable for lymphatic or delicate persons, and in all cases for which Bark and Iron are usually prescribed.

Digestive Lozenges and Powders of the Alkaline Lactates. (SODA AND MAGNESIA.) OF BURIN DU BUISSON.

The researches of Dr. PETREQUIN, Prof. at the School of Medicine of Lyons, aided by M. BURIN DU BUISSON, the eminent chemist, have established beyond a doubt the *special Adaptation of the Alkaline Lactates* to the treatment of functional diseases of the digestive organs. These preparations will be found very beneficial in *imperfect and laborious digestion, heartburn, gastralgia, loss of appetite, nausea, distention of bowels and stomach*. They are more certain and less irritating than Calceined Magnesia, or preparations having Charcoal, Bismuth, or bicarb. of Soda for their basis.

DIGESTIVE LOZENGES AND POWDERS OF THE ALKALINE LACTATES WITH PEPSINE.

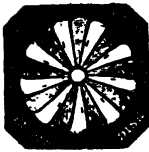
These are prescribed in certain cases when the digestive powers are deranged, weakened, or null.

Ferro-Manganic Preparations of Burin Du Buisson.

The superiority of combinations of the *Salts of Iron and Manganese* over those of *Iron* have been fully established by the experiments of Dr. Petrequin. The following *Ferromanganic Preparations*, approved by the Imperial Academy of Medicine of Paris, have been originated by Mr. Burin Du Buisson in accordance with these experiments, and are confidently recommended to the medical profession as replacing advantageously all medicines having iron as their base, especially in *chloranæmia, chlorosis, and all affections caused by the poverty of the blood*:

Ferromanganic Powder, for effervescing water.
Carbonate of Iron and Manganese Pills.
Syrup of the lactate of iron and manganese.
Dragées of the lactate of iron and manganese.

Syrup of the Proto-Iodide of Iron and Manganese.
Pills & Dragées of the Proto-Iodide of Iron & Manganese.
Manganic Iron reduced by hydrogen.



THE ELECTRIC DISK.—*Notice to Druggists.*—After this date, Dr. Garratt's superior *Electric Disks*, made under his own inspection, and warranted, can be had direct from first hands in *Sealed Packages* and at much lower rates by wholesale druggists, surgical instrument makers, and dealers,—so that the *Disk* will retail hereafter at \$2.50, and yield also larger profits. This very convenient remedy for cold Rheumatism, local Weakness, Pain and Palsy, for a lame back, thorax, loin or limb, is in demand wherever it is known.

Orders, by the dozen, or gross packages, will be filled with despatch by the Manufacturers,

A. C. GARRATT & CO.

No. 17 Province St. (near the Parker House)
Boston, Mass., April 3, 1871.

Ap.3—4t—covt.

KENNEDY'S CONCENTRATED EXTRACT PINUS CANADENSIS.—This is a pure Aqueous Extract of the Pinus Canadensis, and possesses valuable astringent and stimulant properties. It has been used with remarkable success in Chronic Dysentery and Diarrhoea, when reduced with four parts water, and in Uterine and other passive Hemorrhages; also as an injection in Leucorrhoea, Catarrh, and in all Chronic Diseases of the Mucous Surfaces. It forms an efficacious injection in obstinate cases of Gleet, Gonorrhoea, and Blennorrhoea, and when so used should be diluted with three parts water.



It is very efficacious when used as a local application in Hemorrhoids and Leucorrhoea, when used in its full strength, by means of a sponge, as the application can remain over night.

Externally it has been used successfully in Excoriations, Prolapsus Ani, Piles, Wounds of the Anus, Phagedenic Ulcers, &c. A solution with one-quarter part of glycerine is a powerful styptic. It has been specially recommended as a local application in ulceration of the Os Uteri and in Vaginal Diseases. It is one of the best known remedies in the treatment of diseases of the Throat or Lungs, when converted into a spray, by means of a steam atomiser.

Manufactured by S. H. KENNEDY,
Johnstown, Fulton Co., N. Y.

For sale by CHENEY, MYRICK & HOBBS,
15 Union Street, Boston,
General Agents New England, except R. I.

CHAMBERS, CALDER & CO.
10 Exchange Place, Providence, R. I.
General Agents R. I.

May 18—1y.

HILL-SIDE SCHOOL.—For Undeveloped and Peculiar Children, SOUTHBORO', MASS.—Boston, Clinton & Fitchburg Railroad, Fayville Depot. Cars leave Boston from the Boston & Albany Depot.

For particulars, address Mrs. O. H. KNIGHT, or Miss M. A. F. DANA, Fayville, Mass.

References:
Dr. S. G. Howe, Boston, Mass.
Dr. Edward Jarvis, Dorchester, Mass.
Dr. H. M. Knight, Lakeville, Conn.
Mr. H. K. Frothingham, Mass. Bank, Boston.
Mr. P. A. Ames, 70 State Street, Boston. S8—1y.

HYDRATE OF CHLORAL.—MORSON'S ENGLISH,
SCHERING'S GERMAN,
Imported and for sale by T. METCALF & CO.
Je23—Apothecaries, 39 Tremont Street, Boston.

D. E. B. MOORE, 194 Hanover St., will hereafter attend exclusively to Office Practice and Consultations.
Jan. 18—1f.

D. R. GARRATT'S office hours, after this date, will be from 9 to 1 only.
No. 9 Hamilton Place, Boston, Feb. 1, 1869. F4—1f.

COPARTNERSHIP NOTICE.—I have this day admitted Gpo. F. H. MARKON, for seven years my head clerk, and JESSE T. BROWN, Jr., my son, partners in my business. I avail myself of this opportunity to tender my sincere thanks to my old friends and customers for the liberal patronage bestowed upon me for more than THIRTY YEARS, and respectfully ask a continuance of their favors in behalf of the new firm. JOSEPH T. BROWN,
292 Washington Street.

Boston, March 1, 1869.

JOSEPH T. BROWN & CO., Druggists and Pharmacists, 292 Washington, corner Bedford Street, Boston, Manufacturers of Standard Pharmaceutical Preparations, and Dealers in the Finest Drugs, Medicinal and Fine Chemicals, Select Powders, Pure Essential Oils, Genuine Medicines, Mineral Waters, New Remedies, &c. &c.

We also offer a full and carefully selected assortment of that class of Fancy Goods and Toilet Requisites usually found in a first-class Drug Store.

To the very responsible duty of compounding and dispensing Physicians' Prescriptions, close personal attention will be given, and the utmost care will be taken to insure the PURITY and OFFICIAL character of all medicines used in dispensing.

By manufacturing ourselves, by careful selection from the market, and by direct importation, we shall be able, at all times, to supply our customers with the highest grades of every article in our line.

Boston, March 1, 1869.

Mch. 11.—tf.

MECHANICAL SURGERY.—ARTIFICIAL LEGS, ARMS, and SURGICAL APPLIANCES for every condition requiring *Mechanical Treatment*. Their construction is superior, adaptation scientific and successful, and eminently approved. Officers and soldiers furnished to order of the Surgeon General U. S. A. Illustrated pamphlets and first class references furnished.

E. D. HUDSON, M.D.,
696 Broadway, New York

Ap. 27—tf.

ATWOOD'S PURE COD LIVER OIL.—Prepared by Capt. N. E. ATWOOD.

The following distinguished Boston Physicians recommend Capt. A.'s preparation.

D. Humphreys Storer, J. Mason Warren,
Samuel Cabot, Chas. E. Ware,
Jacob Bigelow, Benj. S. Shaw,
Henry I. Bowditch, Horatio R. Storer.

JOSEPH T. BROWN & CO., Pharmacists,
292 Washington, cor. Bedford Street,
Agent for Boston.

Jy 18—tf

ANDRE'S EXTRACT OF MALT.

A carefully prepared unfermentable Extract of Pure Malt, particularly recommended as a highly nutritious and strengthening Tonic or Food for invalids and children.

It is also excellent in Chronic Dyspepsia, Constipation, and affections of the stomach and intestines, and can be retained in the stomach when farinaceous or other food cannot be borne.

Wholesale and retail agents,

JOSEPH T. BROWN & CO.,
Pharmacists,
292 Washington, Boston

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SUGGESTIONS TO CORRESPONDENTS AND READERS.

Articles intended for publication in the JOURNAL must be written plainly and distinctly, on one side of the paper only, properly paged, and with suitable divisions into paragraphs. If so prepared, it is seldom if ever necessary that a proof of the article be sent to the writer. The punctuality required in the issue of a weekly periodical allows little time for proof-alterations or additions. When a proof is sent out, it should be returned to the office promptly, as the press in no case will be kept waiting for it.

Anonymous communications will not be published, unless the name and address of the author are entrusted to the Editor.

Accepted articles will generally be inserted in the order in which they are received; this rule will be waived, however, should the nature of the subject or the interest of the Journal require it.

Rejected articles will be returned, if stamps for the requisite postage be sent.

Letters, requiring answer, addressed to the Editor or Publishers for the benefit of the writer, must enclose stamp to ensure a reply.

Original articles, reports of societies, items of medical news, and professional communications of all kinds will be gladly received from members of the profession, wherever resident, so far as they pertain to topics of general interest. In the transactions of societies, the discussions which relate to questions of local importance, reports of business details, debates *in extenso*, and personalities of all kind, will, as a rule, be excluded.

The Editor does not hold himself responsible for the views and opinions expressed in articles published; nor will their publication be considered, in any way, as his endorsement of their sentiments.

MEDICAL JOURNAL ADVERTISING SHEET.

WARREN TRIENNIAL PRIZE—The Trustees of the Mass. General Hospital give notice that the first Triennial Prize (amounting to \$388), from the fund bequeathed to the Hospital by the late Dr. J. Mason Warren, has been awarded to **Hosario C. Wood, Jr. M.D.**, of Philadelphia, for an essay on "The Physiological Action of Nitrate of Amyl."

The next Warren Prize will be awarded to the author of the best essay considered worthy of a prize, on the subject of "Experimental Researches on the Elimination of Drugs by the Mammary Glands."

Each essay should be accompanied with a sealed envelope containing the author's name and address, and be transmitted to Benjamin S. Shaw, M.D., Resident Physician Mass. General Hospital, on or before Feb. 1, 1874.

J. THOS. STEVENSON, *Treas'r.*

Boston, June 19, 1871.

Je. 29—6t.

WOMAN'S MEDICAL COLLEGE OF THE NEW YORK INFIRMARY.

128 SECOND AVENUE, NEW YORK.

Winter Session begins on first Tuesday in October.

For Catalogues and particulars, address the Secretary of the Faculty,

EMILY BLACKWELL, M.D.

Je. 29—3m.

A VERY DESIRABLE OPENING—A physician in Minnesota, who has a large and first class practice, being about to remove to an Eastern city, desires to dispose of his property, consisting principally of a city residence and office, to a good physician who may become his successor.

For particulars, inquire (by letter or otherwise) of O. W. JORDAN, 82 Washington Street, Boston. Ap. 6—3m*

TO PHYSICIANS.—Comfortable apartments, with Board and Nursing, for Ladies about to be confined, or who require treatment (except for contagious or venereal diseases), under the charge of their own physician, can be found by addressing Mrs. M. S. WARE, No. 4 Ferdinand Street, Boston.

Satisfactory references will be required, and given in return, and the utmost privacy and seclusion maintained, if desired by the patient.

References:

Wm. Read, M.D. (late City Physician), 24 Dartmouth St. Boston.

David Thayer, M.D., No. 58 Beach Street, Boston.

John Skinner, M.D., No. 821 Washington Street, Boston.

Mch. 30—

BUTTER OF CACAO SUPPOSITORIES—For the Rectum and Vagina.—A full line of standard, plain and medicated Suppositories kept constantly in stock. Private formulas prepared exactly as directed by the physician, and always of the best and freshest materials.

JOS. T. BROWN & CO.
Pharmacists, 292 Washington Street,
c. Bedford, Boston.

S20—4t.

D. R. KIMBALL has returned from Europe, and has resumed his office, No. 6 Temple Street.
Office hours from 10½ A.M. to 2½ P.M. O20—4t.

KENT'S METALLIC NIPPLE SHIELD AND CAULTCH.
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